William Darrach M.D.

Dear Dr:
below I give you more minutely the statement of the case I mentioned to you the other day and beg you will excuse my tardiness in answering your kind note.
Mr. R H. 21 years old called at my office Feb 2d. complaining of the most insupportable pain arising as he thought from piles. On examining the anus I found no haemorrhoids but the whole lower portion of the rectum intensely injected and protruded (prolapsed). — pulse 100. per minute conjunctiva of the eyelids injected also the fauces. some difficulty in deglutition etc.
By inquiring a little into the previous history of the patient I learned that he had been attacked for the last 3 summers in succession with heavy spells of

Dysentery and of a protracted nature being at that time under the care of a Homeopathic Gentelman After ascertaining these facts I considered the young man to be under an attack of Influenza which had made its principal manifestations on the weak spot of his system and put him therefore under a general treatment. (Tyson's pulvis antimonial). and had the pleasure to see him recover in a very short time and without any local treatment whatsoever. –

You may take the credit of the success unto yourself: you having first drawn my attention to that important fact that Influenza will attack weak points. –

Very truly

Your

obedient servant

Albert Frieke

Philad 19/2 57.

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Epidemic Fever with congestion of the cerebellum of the mencephal & medulla oblongata ending palsy of the diaphragm upon without loss of intellect:

Infant daughter of Dr: C. T. Chamberlain 9th and Shippen age two years and nine months had been sick with brain disease for 2 weeks. At this time I was called in consultation with Dr: Willbank and her father February 5th 1856.

I then found her lying on her side cheeks red, capillary circulation as rapid as in Scarlet Fever. skin heated, pulse frequent and contracted, urine as high coloured as Madeira wine and transparent, breathing peculiar consisting of passive respirations followed at lengthy intervals with a deep protracted inspiration and two short expirations. The face retained its expression except the eyes. These were without expression the eyelids would be retracted quite a lengh of time, then the upper lid would slowly fall whilst at the same time the eyeballs would roll and at times become strabismic. The inexpressive eyes were strangly in contrast with the other expressive features of the face more especially with the mouth. This contrast recalled the faces of the blind asylum and raised the question if the child was not actually blind of this sad fact we soon after became convinced. The pupils became largely and permanently dilated after this we discoverd that the child was also

deaf. I then requested the carbonate of Ammonia to be applied to the nose or was it not the spirits of Harts-horne. It remained at the nostrils without producing any effect for many moments, when there was a watering of the eyes a contraction of the muscles of the nose and the child with aversion to the effect rubbed its nostrils to and fro. This satisfied us that the olfactories were impaired. The child a month or two back had had a convulsion from which it seemed to have entirly recovered subsequently to this she was slightly indisposed somewhat fretful and occasionally found rubbing her nostrils. For this anthelmintics and purgatives were administered, but without expulsion of worms. af

After a short space of time the cerebral complaint set in.

<u>Diagnosis</u>. The red cheek appearing and reappearing the rapid scarlet like flash of the cappillaries of the cheek, the wine coloured urine, the heated skin, the morning and evening exasperbations the pulse in the first being 84 when that of the latter was 96. And when the ~~latter~~ was 96 the latter was 108 or 120.

These phenomina declare <u>essential fever</u>.

The loss of vision, the abnormal actions of the eyelid, the fixed condition or the irregular motions of the eyeballs, the fixed dilation of the iris, The impaired

senses of hearing and hearing and smelling indicate a disturbance of the sensorium.
The diagnosis then essential fever with disturbed sensorium.
The Acetate of Ammonia and blister to occiput and neck were administered.

6th On the following day the peculiar breathing was a subject of special attention. The ribs were motionless and so the sternum and clavical - there was no rising and falling, contraction and expansion of the chest and as the abdomen was without expansion and contraction we may infer that the diaphragm was also at rest. The Thoracic cavity did not dilate and contract with the contained lungs. The mechanical function of respiration supplied with nervous power from the diastaltic system - the respiratory nerves - was palsied, so that respiration was reduced to the mere chemical function as in animals like the tadpole and fish deriving its nerve power wholly from ganglilar system.

7th On the following day the right arm was frequently in motion obliquely up over the face and then obliquely down over the face, chest and bowels.
Elaterium had already been given since the last visit which after having expelled some scybelle and lumps of mucus acted moderately as

hydragog. With this there was a partial return of hearing and smelling but not of sight. The child was far less insensible when the Ammonia was applied to nose and intelligibly answered yes or no to the parents, but yet the eye without expression. The chest now again partially resumed its natural motions.

8 The next day a remarkably ~~to~~ frequent pulse of 160 set in and continued. 9th The day after the same frequency existed 10th To this foreboding symptom follow a venous congestion under the eyes. The face lost all its expression and on the 21 day of its attack the patient died, calmly without convulsion of any kind.

14/8/59 My diagnosis was an epidemic fever with congestion of the capillaries of the Encephalon and therefore venture to predict that as there was no delirium & no loss of expression of face except at the close, that the cerebral nerves show no marked appearances, but that as the marked phenomena were limited to the diaphragmatic septum viz. loss of voluntary heave & swelling & to loss of motion of chest & to involuntary motion of the right arm, that the lesion would be found upon the spinal,

The Autopsy confirmed this diagnosis.

Sugillation over two thirds of the back, the rest of the body had an ordinary aspect. The scalp

everted from the skull was bloodless. When the occipital portion of the skull was sawn through a quantity of black venus blood issued. The seperated portion of the skull being removed the longitudinal Sinus and the large veins of the cerebri were engorged with black blood and the convolutions of the cerebri were covered with vessels filled with red blood (florid). Some there have been and some, not withstanding the observations of Bellorly who yet would regard this minute injection as evidene of inflammation. But this injection is not cappillary because it is not reticular. It is arborescent and is therefore venus and consequently the effect of the morobund condition. Along side of one of the larger dark veins was noticed one or two small deposits of dried fibrine or of strumous matter which became the topic of remark by the operator Dr. James Darrach and by Dr. Willbank, Dicke and myself whether it was a recent inflammatory product of presend attack. I regarded it as irrevelant, the surface of the brain was considered as destitute of morbid phenomena.

The base of the brain and the upper part of the spinal cord were then exposed, here the eye was quickly riveted upon the abnormal redness upon the nates and testes, the origin of the olfactory nerves the optics the 4th and the 7th the

corpuscalosum, the Medulla oblongata and the spinal cord. This redness when examined under a good glass was found to be reticular, it was therefor neither venus nor arterial but capillary. Its seat was neither in the arachnoid nor pia-matta but in the binding cellular tissue between them.

Here then on the censorium is seated and located the capillary congestion N.B. see drawing.

Local small Pox on hands in contact with small pox virus in Clothes.

Jersey Shore February 16th 1856.
Dr. William Darrach Dear sir.

An old lady who had been inoculated in early life waited on her daughter who had the small pox and among other things washed her clothing. In a short time afterwards perhaps a day or two she had genuine small pox pustules covering her hands just as far as she had inserted them. They ran a regular course and she had not an other pustule on any part of her person.

Yours truly J. Kenney.

Icterous form of Influenza.

Case 1st Jane Thompson aged 60 years Feb: 24/56 at Mrs Snodgrass's 5th and Green. On saturday 23rd inst: she was attacked with severe pain in hypocondriac region of the abdomen. I saw her on Sabbath Morning 24th inst: She was jaundiced her spirits extremly depressed apprehensive of death, countenance expressive of the extreme pain under which she groaned, The slightest percussion upon the epigrastic and right hypocondriac region was intolerable causing her to scream. The tongue was large, hard, dry, coated with a white tipping of the Papillae. She had an insatiable thirst, felt very weak, a-

rine of a deep reddish brown, tranparent and having a gamboge edge and small in quantity. The pulse was tense and frequent. The skin was heated.

Diagnosis. Influenza with cappillary congestion of the duodenum and of the capillaries of the billiary ducts.

Indications. 1st. Special. To relieve said cappilliaries. Means v.s. and cups to hupocondriac and epigastric regions. 2nd. General indication to bring on an artificial crisis of the essential fever. This is to be affected by the salts of Antemony - Tartar Emetic - in combination with Nitrate of Potash and Dover's Powders.

C

Intestenal Form of Influenza.

During the months of December and January Sensorial forms of Influenza prevailed. And now in Febuary 1856. they have given place to intestenal form.

Case 1st. Henry Leslie on the 26th also Mr. Dillingham and myself. On the 25th Mrs. O'Riley, on the 23rd Mrs Brown, ~~on the 22~~. ~~Mrs.~~ were attached with bowel complaint.

N.B. Smallpox, Varecloid and Catarrh still exists

Broncho-Pneumonia benefited by blood letting.

Case 1st. George Hubbard aged 30 at Mrs. Masons contracted catarrhal influenza on the 1st of Jan: which resulted in a fixed affection of the chest After two weeks inefficient treatment with lemon juice Nux. Vomica, hyosceamus, Muriate of Iron, and Quinine. I stumbled upon v.s. and found the blood to be cupped and sized. The urine has been and continues to be extremly loaded with uriate of Ammonia. The expectoration very abundant is mucopurulent, the pulse a soft moderate calibal and 120. Ocultation of the left lung anteriolly with general crepitance affords nevertheless respiratory murmur in both lobes. But the right lung in all its lobes has but little respiratory murmur with general crepitance and here and there an abundance of mucous rale with tutular sounds.

March 3rd 1 o'clock P.M. The pulse was an 120 soft and of moderate size, the urine abundant dark Madeira wine color, heavily loaded with urate of Ammonia expectoration very abundant muco purulent, emaciated and weak.

March 4th 1 P.M. His room to day as yesterday was darkened. After opeing the window shutter he remarked you always catch me very sleepy at this time of the day. He had moustache shaved off by a barber. This though he still retained his goatee changed his aspect, But independently of this was fulled up and the lower eyelids manifesly bloated as though he was he was under the influence of Arsenic. Can it indeed be possible that digitalis of which he is now taking 3 grains a day. The urine paler than that of yesterday and containing less of urate of Ammonia. The expectoration as yesterday, skin softer and less heated, expression of face as though in health, pulse softer, fuller, and less frequent. Upon examinung tion of the limbs were not found emaciated. He counted 20 before heaving. Oscillation, no increase of disease. Prognosis favorable. Digitalis continued with some doubt lest it might produce Edema of the lung. Treatment continued

March 5th 1 P.M. The bloat of his face has disspeared notwithstanding the continued use of digitalis. passed a sleepless and distressful night. Expectora

tion, urine and pulse the same continued treatment.

March 6th 7 P.M. Urine paler less deposit, expectoration pale green, pulse 120 soft and full, good countenace, clean tongue; stupid and doozy during the day wakeful at night.

March 7th 1 P.M. Continues to be soporose during the day and wakeful at night. Urine, expectoration the same. Counts twenty upon second effort is exhausted at 16, strong oscullation discovers in the left lung puerile respiration with strong tubular breathing with crepitance and in the right lung an absense of respiratory murmur for a strange mixture of crepitant and mucous rales, ronchus and cavernous sounds. His strength is not lessing he does not emaciate his deglotition is good and his voice and countenance, natural My diagnosis is still Bronchi pneumonia - not tuberculosis - Prognosis, that he is curable cut in Alcoy.

March 19th 5 P.M. He is less taciturn, countenance expressive of some hope of getting well, more sociable and extends his hand and welcomes you with a warm grasp. Formally he could count only to 17 and he can count to 50. The pectoriloquy has considerably diminished. The expectoration and urine as usual. Continue the Cannabis Indicis.

March 22. Pulse fuller, softer and less frequent. He lies on his side, sits up in his chair two and three hours and his countenance is expressive of hope; Expectoration and urine the same. He complains of the Cannabis making him constantly sleepy. I therefore have restricted it again to an evening dose. Does not this medicine remove chronic irritation.

March 25th. He now sits up much of the day and occasionally walks the room, which however quickly fatigues him. He says his natural feelings are returning, and that for the first time since his sickness he has had natural sleep. His pulse is soft, full 96, his urine has lost its deep colour and the uriate of Ammonia is paler and of less quantity, his craving of food is greater, and he desires variety.

April 7th. He now sits up most of the day; Expectoration has diminished. The irrit. of Am: soda and lime have diminished. His pulse has become softer fuller and less frequent.

Tuberculosis in infancy - congenital.

Case 1st. Sarah Montgomery conceived and born of a mother whose system had gradually failed, since a previous birth at which she was attacked with intestinal influenza, which caused extreme meteorism which then prevailed and rendered fatal in many instances by purging. Even the half ounce of Castor oil ordinarily given on the third day would then commonly induce inordinate purging followed with metorism. Mrs: Montgomery recovered under the use of blister to the abdomen and ten drops of spirits turpentine every 3 hours and barley diet. Nevertheless she was ever after feeble and contracted a dry cough, which continued and became confirmed tesis. This was her condition before and after the birth of a small and feeble child. The mother died about 6 weeks after its birth. Dr: James Darrach and myself took the medical charge of the infant. It grew but was always extremely emaciated and its tongue became loaded with apthæ and died at age of seven months. Dr: James diagnosticated Tuberculosus, which the autopsy verified.

Autopsy. March. 5. Right lung adherent to the chest a mass of tubercles aggrated. The mesentary as also diagnosticated by Dr: J. was also studded with tubercles. The left lung though not adherent, was nevertheless abundantly sprinkled

with congregated tubercles

Scarlatina Simplex.

Phila: Arch st & 12th st March 9th '56. Theodore Harrison aged 6 yrs. 3 mo. Cerebro-arterial temperament. in fair health & size.

9th 8½ Am Sabbath Skin heated & off natural hue, pulse contracted and 144 without quickness & roughness, tongue lightly coated white. Edge, abdomen red, soft palate entirely scarlet & swollen. uvula swollen & scarlet, & so tonsils & arches and pharynx - tonsils scarlet but not swollen. I diagnosticated Scarlatina simplex. NB Small pox is passing away. While scarlatina may become prominent in accordance with a law that one species only of the genus exanthema is prominent at any one time - Rx. Sulph Zinc gr VI. Pulv. Ipecac gr VIII. at 9 Am. It promptly vomited.

12 m. Congestion of fauces & soft palate lessened & deglutition better. Face trunk arms & thighs covered with Erythema but not the legs & feet. ~~pulse skin warm heated~~ between the knees tongue more coated & dry: ~~some quickness & pulse pulse~~ - the evening exacerbation ~~lights~~.

5 PM. Skin more heated Erythema here extends over the legs & feet. but that on the face is more intense. White lines from mouth to angle of mouth & under the lower lids like a bright blush. Exhibit flush of capillary circulation. pulse contracted 160. urine smells greatly tinted & deep red color leaves paper. - evening exacerbation. ½ Fresh water.

8 PM. symptoms more modest pulse 132. Exacerbation gone off

Bowels moved, a yellow lep. Cont. Dy Dy.

Monday 10th 9 A.M. Slept during the night. The eruption over the whole body & sprinkled abundantly with red points which under the magnifying glass does not disturb or displace or obliterate the fine loose mealy bloom of the skin. ~~[illegible]~~ but only more deeply render a few of the meshes of the skin ~~[illegible]~~.
Why this local increase of capillary congestion ~~[illegible]~~ on the 2nd day of eruption, pulse 15 lep, contracted & recovers to 96. Skin lep heated & coated with a thick white fur, which under the microscope is discovered to be the loosened epithelium ~~[illegible]~~ not a parasitical vegetation as asserted.
~~Pp.~~ Urine lep, ~~lep~~ red. bowels slightly moved. Cont. Dy & Body cont.
12 m. The white coat easily cast off in patches, by scale red & dry & slightly irregular from congested capillaries.
N.B. The Dry Bread on Sabbath at 9 A.M. emptied the stomach of ingesta of salad, asparagus, potatoes, meat — the dinner of the day previous — Here is an arrest of digestion yet the chyle was evidently entered into the morning — an evidence of contaminated disease a day before contagious action — he was not observed to have indisposed the day previous —
7 P.M. Evening exacerbation pulse 144. urine turbid & albumen & slower 130. 8 p. grains a slight mottling of the redness of the skin
Tuesday 11 9 A.M. more febrile. pulse 136. yet more delated
Skin as more for mottled, ~~coat~~ urine lep red.
a more febrile day
12 m. ½ dec.
5 P.M. pulse 144. The day has been more febrile ~~[illegible]~~
The urine is lep ~~[illegible]~~ The pulse more delated
by Bulers & on Stuart

Wednesday March 12. 9 P.M. Slept, urine transparent, amber colored, small in quantity and neutral. The blue litmus paper & without deposit in no way unchanged except very slightly so. The red litmus was unchanged. The remarkable fact the red litmus on drying became slightly red. Why so? Tongue without coat but very deeply red & so the gums. Both were swollen. The tongue was covered with minute hemispherical elevations but not the back set horns projecting upon the papillae. The desquamation of the skin has passed off, leaving confluent areolated clusters & skin of normal color with ~~about~~ minute comedones elevations which may be, as in cutis anserina, the ~~pa~~ congested papillae. This being not question & doubt, the mooted question of the vesicular character of scarlatina.

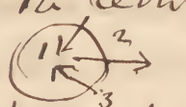
Pulse 104. & relaxed. & soft. Furfura of epidermis of the skin of the face has ended today & began yesterday afternoon. It does not get exact clear when 12 m. the papillae elevated on the skin of the leg & on cutis seems to be lifted with vesicle. But of this there is doubt, as being much more marked was manifest. pulse 104. cont. Dy.

8 P.M. Urine small in quantity, transparent amber color without deposit yet slightly red litmus paper. Dr Sam D. assured in the case remarks that a small quantity with pulse in urine is remarkable & not accounted for by scarlet. Why is it? Pulse 108 & soft & relaxed. Tongue clear deeply red & swollen & so gums. Skin a diffused redness without flash of scarlet, areolated & when presses out by the entire hand, then reappears the mottled appearance condition of Erythe

inclining to the suspicion that this universal relation of erythema is the effect of Belladonna. We distinguish the Belladonna-erythema from that of Scarlet by the former not being associated with a moderate & the latter with a frequent flush of circulation of the cutaneous. Bowels pale yellow but not as pale as Yeast water & Flaxseed water & Barley water.

4th Eat Pulse & Other Va ..... & Day of Erythema. 4th Day from onset. ~~NB. To the~~ The

NB To the Furfure of the face & the red Scrolle by after Carting off the White Coat, coincident. & & of so is the red Scrolle by the end of the Retrocession — the Seeus Centripetal State



13th 9 AM pulse 96 & more contracted & quick. The hyperaemia day, urine dark altho blue Litmus at the moment of testing but on drying becomes gradually reddened. bowels slightly moved with yellow feculence

3 PM pulse 108. Eruption of face cracking off — area of cluster desquamating. 7th day. NB The exanthema of the face is in advance of the rest of the body.

7½ P.M. rest by scratching his face. Off Rim and amounting. & other particulars

~~14th 9 AM Slept: Face red with erythema, Body without erythema & covered with the measly cluster of clusters with confluent areolae leg without erythema & very few clusters but numerous red & elevated papulae of the skin. On the hands & Jaws & pubis water flight from some of the elevations which have become numerous. Bowels slightly moved with smaller in quantity~~

14th of Mon. pulse — 2 exhaustion a patch of the scalet
Erythema left at the natural redness of the cheek. & the
eye cheerfulness the scarlet. The unaccustomed cheeks have
peeled off but by rubbing more now overcome
at the legs have peeled off — In bed. The Erythema
cleared away later & turned off the legs —
& Pleasant. D.D.D. the remarkable scarlet spread
for hours almost & gone off for feel about
6½ P.M. the evening of the 7th day. the urine
has now become normally abundant after being
during the first week very small & generally scanty
a pint per diem. urine now resumes a normal redness
of colour for the effect of abnormal redness — Skin
of body natural. Are Epithelial cells found in
it at the end of the disease 12 2 days before
the eruption. by the glove — 3 conditions of the 1st. what
coat. 2. raw property peeled. 3. Cheeks left have
15 of Mon. the lower surface but less congested & its mucous
lining more active, it, makes a change of skin re-
turning. urine has on it a peculiar peculiar.
& its production & has no effect on the urine now
or that redness of urine previously. This state of
urine under the suggestion of D.D.D. to
consult the Pharm. Cook book. Should have prescribed yesterday
& to dy. the Chlor form & Dover. NB. this case of Scarlet
sandfever has run for a fortnight and not a 2nd week
although profuse peeling. Urine albumen, as heart-
pericardial state may be the condition for the dropsy

as a sequelae of scarlet fever & of other the 4th and the
the fever 101 & continued a month. & Water brought
16th Am. urine, remarkable for colourless & uncommon quantity of
urine & the matter of blood was not [illegible] left by chemical
analysis. Faculty of mind returned, at 6 to 8 p.m. "G has got the scarlet
rash but hasn't seen & has none now mother."
NB The loss & restoration of the muscular action of the
leg has been overlooked. Pulse 96. & 108.
2nd day of 3rd week.
17th. Pulse 96. Epidemic peeling off in patches from
11 days of disease. the back of wrists & hands. NB This desquamation
is not confined to the scarlet fever urine abundant & in little quantity
measles. It is a strong fact in favour of the
epidemic is not at all affected. cut nos. [illegible]
NB. Epidemic is scarlet fever in London.
" " Measles the latter of venous forming fever for
desquamation
" Scarlet fever the latter epidemic stamped off
NB Scarlatina consists of a primary erythema which causes
desquamation of the epidermis. & of a secondary crop of clusters
of pimples with areolae like rubeola. These pimples have
been versicular, yet hence the treating them for herpetic
fever. In measles the primary pimples have been vesicular but
the secondary crops do not & therefore the rash of
scarlet resembles East Mein.
18th. Urine slightly amber colour, translucent & fetid but at the
at 5 or not altogether dark blue [illegible] yesterday yet scarcely been
redder after boiling & steeping some time in the urine. Pulse 92 & 106 after 9th day of disease.
The clusters of eruption can scarcely be felt seen.

Scarlatina Simplex.

Shd. April 12. Olga Harrison, aged 8 yrs: at 3 AM sickness & vomiting, the ingesta very bits of Lettuce, meat &c. of the dinner of 11th ult. Shows an arrest of digestion from commencing cachexia of Scarlatina. At 9 AM. 6 hours after he was cross to the touch with erythema & complaint of head & ear ache — She is subject to Ear ache. Soft Palate & the rest of the fauces is deeply congested, pulse contracted & 144. Skin hot, tongue white coat — urine scanty & high coloured. Pulse. Zu & VII. Stem. gtt VIII —

1 PM. The emetic promptly acted on an empty stomach the congestion of throat increased & the headache & ear ache returned. Ry. Ext Belladonna gtt 8 & bd. Face & upper extremities in perspiration. papilla on arm & fore arm marked.

8 PM. Urine small in quantity, pale amber without deposit & abnormally reddening litmus paper — NB. again two days pale urine — of & small in quantity. Why? Skin moist, deep erythema on the entire body including the leg, effect — reflex flush of the capillary circulation. (no rash point — Pulse 150 but not exhausting contracted. Tongue very moderately soft, tongue white fringed with red papillae on the centre & edges but without much prominence — no sordes perhaps.

13th 9 PM pulse 144. erythema going off & leaving the cheeks of a clear white with confluent areolae. Tongue white thick — white under mucous on the sides — bowels moved once

3 PM. pulse 130. Tongue white coat, urine natural. White line on side of nose.

7½ PM. a 144. Tongue deep coated.

Scarlatina Simplex.

stomach. its digestive functions are arrested before even the fauces are congested.

Proof: 1st. On the 9th of March at 9½ AM. I threw Harrison at No. Arch & 12 i. soap of Dr: Harrison. before redness of skin & dry the full congestion of S. off. palate & fauces, a deposit of Salt Zinc gr vi Pul Ipecac gr viii Ptt. which threw off from the stomach, an ingesta consisting of bits of salad, apple, meat &c. in quantity about that of the dinner meal of a child. This has remained ~~in action~~ unchanged in the stomach from 2 PM. of the 8th to 9½ of the 9th March - 19 hours.

2nd. On the 12th of March at 3 AM. Olga Harrison aged 10 yrs woke & spontaneously vomited. a like quantity of dinner ingesta bits of salad meat &c. which had been eaten on the 11th at 2 PM. a period of 13 hours. The congested palate & fauces & eruption appeared six hours after vomiting.

NB. These instances show that the mucous membrane of the stomach is congested before that of the throat or skin. Mosgrave states the measles eruption of the stomach - Smallpox makes its attack primary in the stomach & in the back and head ache. The stomach the central ganglion of the system is primary attacked in Varicella, Rubeola & Scarlatina. It is not a mere Erythema. NB. It is not a mustard plaster or blister to the gastric mucous. giving a blister &c. & ~~this~~ not Zinc skin & not Tart Emet - applicable.

NB. Unequal pulse indicates after table set in Scarlatina

18th. 9 PM. 8 days of the disease. pulse 82 Ph 9½ PM. urine pale. designed for about one. clear & pure with acidity. no albumen, no mucus, water weak. Q to other evacuat: Q her mother. detailed bits pieces of hard water & Thermometer

Scarlatina simplex.

Tongue. 1st. light white coat. this consists of adherent epithelia ~~cast off~~

2. thicker white coat. accumulated adherent epithelia.

3. thicker white coat with scarlet edges of papillæ.

4. still cast off in patches.

5 still entirely cast off displaying a raw & scarlet congested tongue with a without papillæ projecting into cones & bended backwards.

7. glazed scarlet tongue & swollen without sent papillæ.

8. the 2d. light white coat is fallen off the raw red swollen tongue shows that the epithelium is not found below the point of hair & tube.

9. the swelling of the tongue can not be seen by the eye. & rather by attachment of vessels.

Scarlatina Simplex.

Skin.

1. Erythema appearing on the face & spreading downwards in the course of the day.
2. red points dotted thro' said Erythema.
3. Erythema fading & the red points in clusters with confluent areolæ
4. Erythema paler still leaving the clusters of minute red clusters on confluent areolæ
5. The clusters paler & without areolæ & confluent Erythema.
6. Epidermis on the ~~foo~~ face scaling off in a furfuraceous & much desquamation of the skin causing restlessness.
7. No vessels detected

Scarlatina Simplex.

Urine.

1. Turbid & salmon colour. from excess of ammonia - with increased specific gravity 130° & reddening litmus paper - abnormally.
2. Transparent & less powerful reddener litmus.
3. The slightest effect on litmus at the time yet after becoming dry the litmus paper became red.
4. Quantity less than in health. Spec. gravity from 105 -
5 Epithelia in urine.
6 Casts in urine.

Dr Ray enquired during the 1st 7 days as to the condition of the primary congestion & if so as to the primary congestion involved or the internal surface.

Scarlatina simplex

Pulse. ~~cor~~

1. Contracted & frequent 144. 160
2. less contracted & less frequent
3. still less so & so.

4 Each day a morning paroxysm more short & every seven & low

5 Each week. 1st rise 2d acme. 3d decline.
7 14 7
120. 160 96. 108 84. 72.

6 The dilatation of the capillaries is associated with contraction of the arterioles & at the former passes off the other also. 71

7 The venous system is not congested as in endemic fever.

8 The frequency of the pulse is the pathognomonic of ~~epidemic~~ fever. ~~The contract~~ owing to the force of the blow. The contracted arteries owing to the epidemic form of the fever & is owing to not total contraction, but to obstruction of blood arising from the with drawal of blood & the consequent dilatation of the capillaries. & hence what frequency is pathognomonic of fever. The contracted state of the arteries is ~~one~~ pathognomonic of epidemic fever.

Scarlatina Simplex.

The peculiar Scarlet color - which owing to

1st. in the Urinet.

2. on the tongue & gums.

3 on the Skin

Scarlet Erysipelas.

Plenum –

I. Mrs. case.

So in Measles – Scarlatina case

So in Influenza – so in Dr Willard case

continuation of Olga Harrison case of Scarlet fever . . . . .

14: 9 Am. Slept. Erythema on face, Boy without rash & covered with clusters of revelation on rash confluent areola. Legs without the confluent areolae & erythema & having only scattered patches of eruption but many rev. properly positive – Dr Hennard Dr J Farrar expected watery fluid for the revelation – If so is not Scarlet-Vernalar – Bowels shipping mucus. One Relation – 2d day. Thus white fur coat of tongue has been cast off in patches – some of the rev. 6½ PM. urine acidous albumen. Tongue is now a raw scarlet to smile tongue with a single patch of white coat. The papillae elevated but not properly red D D cases.

15: The pulse 84. evening as the eruption has emptied of a white coat. Large papillae on the tongue.

16: Earache, cessation & stool with slight under Cannabis but returned. Ty. Cannabis & Paregoric Elix. bowels moved varied smell in quantity, pulse 96. Am. 108. PM.

17. 9 Am. Epidermis cracking off from the face. The areolae of the eruption intensified – papules off & leaving the comical eruption more manifest [illegible] & some appearance of vesicle at the tips. pulse 96. Tongue has light coat & quite moist of it. bowels moved, urine of clear ~~[illegible]~~ day. one Relation & Friend –. ~~[illegible]~~ mild case Rev. Theodore. 6th day. Urine acid & crystals not by as the skin begins to desquamate, the lady is more recovering.

18: 6th pulse 82 to 96 PM. desquamation of face. but not yet of trunk – pinhole elevations – & clusters on trunk – tongue has light white coat.

19: pulse – desquamation of face over but not that of the body.

10 day.

20. q Am desquamation of face & neck has ended & yet on the chest it has not yet begun. Here can see the chest of papillae [illegible] without areolae or erythema – pulse 92. urine pale amber & redder than cut wear sun.

21. q Am. desquamation resumes on the face but not yet on the chest. pulse 84. tongue almost normal character a pale [illegible] fur in the right [illegible] without pustules. urine has lost its acidity & fetid like the 8:

22. q Am. tongue clean pulse 84 face & neck desquamate but not the chest urine moderately acid & pale.

23. 10th day q Am. desquamation stops on the face but none on the chest of a red with the brow.

24. 11th day. q Am. [illegible] on the chest. pulse 84.

continuation of the case of Thos. Harrison.

On the 9th day of his disease, I prescribed orange & mulberry chalybeate with sugar & spring water. Why the fetid urine? The chalybeate has vanished. N.B. Is there recession after the 8th day. What is the state of things in the 2d week of Scarlatina. The Pelvis and the urine at the early part of the 1st week. cause of the joining inflammatory congestion of the 2 day before eruption. The 2d: inflammatory congestion must be in the 2d week. & then. latter part of urine follows.

19th 12 Nov. 9 A.M. pulse 100. skin hot, no perspiration. desquamation over the body extends to small round spots as the relapse. The character where hair & beard appeared. leaving the face free. chalybeate of cellular congestion. The desquamation on the face is confined as this it been succeeded as that of a skin which succeeds eruption, skin which under the permanent standard is established. N.B. There to the 2d week is a feeble & abnormal state of skin, the face is pale as the other has feeble action of ~~bot~~ liver & fever bile. N.B. Billy liver produces small quantity of bile. Little kidney produces a quantity of urine urine is translucent, pale quantity, pale amber & red. normal blue litmus. tongue is ~~top~~ scarlet. centre glossy, tips granulated appearing healthy. of mulberry chalybeate orange &c.

20th 9 A.M. pulse 84. There is yet a mottle of the skin for the fault chalybeate in the skin. unusual contraction of the pigment. but he is wakeful & restless at night and peevish. urine is translucent & ~~pale~~ deep amber & ~~peculiar~~ fetid yet reddens litmus.

21. pulse 80. urine has more amber color & less fetid & reddens stronger. the litmus. tongue clean & fine & some red chalybeate

22 pulse 84 urine with undercast pulse & very little granules. beauty & leg

The fuse still disappointing to have a slight crack –
The chart yet in the ship

237 Some idea of disappointment of the fuse
when shell fires – but cannot explain – 84 pr.

240 Idem. Resting at night.

Elevated position with blood letting in a chronic obstinate papillary eruption of the leg.
Philadelphia March 8th 1856. George W. Maclellan Esq aged 70 at 202 Arch St. had been some time confined to his house with an eruption of his right leg and which also had extended half way up the thigh. He had been using for it various remedies and at the time when I saw him the entire limb was enveloped with thick slippery elm poultice. This was evidently aggravating the disease. But the chief cause of aggravation was the pendulous position of walking, standing and sitting. Thereby the limb weakend by disease became congested with blood and edematous. The indications were elevation of the limb cold water cloths v.s. and finally dry rye meal application. Under this treatment the successive crops of eruption diminished and ultimately ceased and the swollen limb was reduced in size. The limb became covered with dry caducous epidermis, a bandage was applied and he resumed his ordinary occupation. Here in two weeks was cured an obstinate papillary eruption recurring in successive crops which had lasted some months.

Erythematous rheumathinal Influenza.
Izza Sandland aged 16. Race above 9th. After exposure to damp and cold was attacked on the 22 of March 1856 with pains over first the right and then the left instep. The skin over these painful spots was tumid and erythematous. Pressure here was intolerable even that of a finger to discover as it did the extreme rapidity of the circulation. The parts were much heated. She was unable to walk nor could she suffer a pendulous position of the limb. Her pulse was contracted and frequent, her tongue covered with white caducous epithelis, which is the pathognomic of fever with capillary congestion indicating the case to be a form of epidemic fever. I prescribed Urine; Ant: ℥i, Tinct: dig: ℥i ss, Tinct: Acon: ℥i ss, Simple Syr: ℥ss, Aq: Menth: ℥, Aq: Pont: ℥ss M. ℥iq: b: h.

March 23rd. Past a restless night erythematous patches about the ancle and also yet upon the painful insteps. Tongue more thickly coated, pulse more corded and frequent. N.B. Nothing I believe but bloodletting can reduce the system to the point of secretions and to susceptibilities of medicine. Ounces of blood were taken. The blood was extremely bloffed and cupped, and the pulse became fuller and softer

resumed the mixture, diet toast water.

24th 9 A.M. Had comfortable sleep, pain and redness have entirely left the feet, but now both wrists are painful and intolerant to touch. The serum of the blood was turbid and bilious and deeply reddened blue Litmus. The urine was thickly turbid and redend blue litmus paper and only a pint in 24 hours. A piece of blue Litmus paper was moistend in the mouth and thereby redened. Blue Litmus was put in contact with the profuse sweat of the palm of the hand and thereby redened. N.B. There is evidently an acid condition in rheumatismal fever. At the suggestion of Dr. J. Darrach and gave half an ounce of pure lemon juice every three hours. She prefers toast and Water as her food.

25th Passed a comfortable night pain has left the wrists, but the skin over all joints of both hands – knuckles and finger joints present erythematous patches, the joints are slightly tender. continued Lemon juice.

26th 9 A.M. Slept comfortably during the night but now evidently more febrile than yesterday – skin heated and dry, pulse an 108, tongue yet coated white, urine without urate of Ammonia, turbid urine color or rather like beer and water with

somewhat of a light gamboge edge indicative perhaps of some inaction of liver, blue Litmas paper was changed only to reddish purple indicating perhaps the antacid effect of Lemon juice in rheumatismal fever. The insteps, and wrists are no longer affected. The erythema on the knuckles has lessened pressure on them with the finger discovers more moderate cappillary circulation. The erythema on the middle joints which are yet painful and stiff is more intense and the circulation more rapid. The extreme joints have begun to reden and to be somewhat stiff and painful. The under part of the right knee joint has now become stiff but without pain or redness.

℞ - ℞ continued.

Epidemic Pneumonic Fever.

Case 1st James McCharin aged 70 stou short, large chested. On the seventhe of March was attached with a pain and stitch in the right side, skin heated, pulse hard, frequent and intermittent.

N.B. This by an ordinary practicioner of antiphlogistic school would have been considered a case of Thoracic phlegmasia – A pleurisy or pneumonia and would have been treated by bloodletting, blisters, Antimi and Calomel, such a pulse could not be reduced according their notion without v.s. This notion was corrected in me by the following event. Whilst in Paris Dr. Holbrook invited me to feel the pulse of Miss Valancien, it was hard full, bounding she was in bed suffering with severe pain in her side which caused a stitch at each inspiration and consequently short frequent breathings with abnormal dilusations of the Ali Nasi. At his request I expressed my opinion that bold and prompt v.s. was indispensable and urgently demanded. He replied that Brussais had just visited her and had ordered leeches over

the seat of pain. I can yet recall my presumptuous and conceited contempt at this inefficient practice. At Dr: Holbrook's request I visited the lady subsequent to the application of leaches and to my astonishment I found that the pain was removed, the breathing relieved and the pulse softened. This case knocked my American medical conceit out of me.

Since I have distinguished between occasional cases of Pneumonia and the frequent cases of Pneumonic form of epidemic I have learned not only to dispense with general but even local bloodleting and to rely on antimoni and Aconite in connection with bella donna and Bicarbonate of Soda.

In the present case I gave the following

R. ℞.	Bis: Carbon: Soda	℥ss
	Vin: Ant:	ʒi
	Tinct: Aconite	ʒiss
	Ext: Bellad	gr ii
	Vin: Ipcac	ʒii
	Simp: Syrp:	℥ss
	Aqu: Menth:	℥ss
	Aqu: Pont.	℥ss
	M	

ʒi of this every two hours removed all the symptoms

Epidemic Pneumonic Fever.

Case 2nd George Benson April 2nd After exposure to damp and cold at duck shooting during an entire day of rain storm was attacked with pain in the left side of the chest and short breathing in consequence of a stitch and aggravation of the pain on the inspiration and a cough quick, spasmodic, frequent and dry at the expiration. His countenance expressed thoracic disease; his skin was heated, pulse was synochus - hard, full, bounding - demanding anteflugistically v.s. prompt and copious followed with antimoni &c. as though it were a case of thoracic phlegmasia.

But it was a pneumonic form of epidemic fever. Bsculation did not indicate a local crepitant rale with puerile respiration elsewhere, nor was there a bloody sputa but on the contrary both lungs afforded tubular sounds, crepitant and mucus rale. Therefore the case was treated as fever by antimoni and Aconite.

Under this treatment the urgent thoracic symptoms disappeared, but on the eight day severe abdominal pains, frequent and contracted pulse gastric and distressed countenance which under ordi

nary treatment subsided.

Scarlatina Simplex.

Alice Harrison. aged 10 yrs. Arch 12th. Apr: 8/56.
Complains of sore throat at 3 PM. upon examination at 5 PM I observe a moderate congestion of the uvula & palate, & not much else. Being anxiously asked by the mother if it be scarlet fever, I replied that I hoped that it was only a slight cold as the pulse was not frequent nor accelerated nor the tongue coated nor eye bright injected. 9th Inst 8 AM: ~~Sent for the accoucheur~~ - She much Mr Gen Poulteney call upon me to say that Alice was covered with a scarlet & had vomited. I immediately visited her & found the middle clothing reddened by erythema over the chest but not much on arms & below the knees and on body pale clothing. The effects were either ingested or exhaled by dirty bed-ticking. But the throat extremely congested. Tongue pale, & furred p-thick. Uvula & fauces by no means white coated. pulse frequent but not very contracted. Mind quiet cut & cart sense - cut of tonsils & soft palate Zn gr VI, Ipec gr VIII Vi.

12 m. pulse 144 & contracted, the eruption is a blotchy, diffused cluster with red points consisting of congested papillae, without epithelium, circulation of capillaries moderately rapid - not much of the eruption below the knees - by no white coat, tongue without redness eye bright clear injected. urine is clear & amber colour & does not redden litmus paper - abnormal - fauces are still congested & burning - but the pain & difficulty depending remained by the dry vomit - by the cart tonsils gr. Cal & ij - & Tart tart - Stimulants, no food for now.

7 PM. Pulse 144. Skin heated. urine pale peculiar below, albumen & indicants reddens deep blue litmus - quiet - nourished -

Ty has one slight increase of the white coat & some red points studded over it. not permanently so. Red throat congested & very turgid. urine is augmented to double its normal size & so the fæces but no fibrin. Urine hemorrhagic on microscopic examination & pass as in Scarlet Scarlatina. She says that it does not pain her now as it did yesterday & swallowing is free, tho' the exterior was quite. The face is covered with large patches of erythema & the white line are around the nose & mouth. This day is Olga's birthday & not a fatal mark as in some cases of Scarlatina. On the chest there is a uniform intense erythema & so on the arm but with augmented color in brown patches over elbow & on the forearm. Here the patches have dark patches. The erythema is dark patches except on the thigh. but below the knee there are only the subcutaneous clusters not papillar clusters: NB. Here the erythema of a patch character appears subsequently to the subcutaneous clusters & papillar where as in the rash Olga. ~~on face~~ the uniform erythema preceded the clusters

The Calyx & the Cast hung & has not yet shedded. nor the membrane is yet gone. by Mouth & throat water. The complaining of a heat of the skin.

10th inst. 2nd day of dermal eruption. 9 Am. ~~pulse~~ a restless night. pulse 132. & contracted, Ty has detached patches of white coat, skin properly color not deeply scarlet & motion much impaired. Prognosis for Ty favorable

but palate & fauces deeply scarlet & burning. The uvula is scarlet, & ed & enlarged, but without pus & the glands not much disturbed. The eruption is now without much erythema & crusts thickly the cheeks with numerous prominent papulæ — which prominent papulæ are more striking. Here & there the cheeks are erythematous. The eruption is now also on the legs & feet but moderately numerous. The bowels have been moved 3 times during the day by the calomel & soda. The urine is very turbid, least water & Barly water sweetened with sugar.

9 Pm. pulse 144. & full.

11th Inst. 3 Day of Eruption &c: pulse 108. urine clear & pale & moderately acid & smoke quantity — tongue has cast off its coat & is now pretty clean & brown colored, deeply congested, prominent papillæ — the eruption is partially — & on the back of hands & wrists the papillæ contain a turbid fluid like pus. Throat very deeply congested —

12 Inst. 4th Day of Eruption &c. pulse 84 & enlarging, urine clear & is great abundance & slightly amber colored, tongue has a glossy appearance, congested throat & esp. papillæ of the skin contain more turbid matter. Barly drink & no medicine yet.

13th 5 Day. tongue pulse 84 Resp 108 M. & urine pale amber & slightly redder colored, tongue more glossy & red, throat congested, & more glossy for the medium line, accounts of cheeks gone. The papillæ now empty. a D & D & legs & hands.

14th Inst: 6 Day. G some flushed less congested, fauces
much less so – urinal reduced to natural size &
colour, but acetic acid red – pulse 84. Slight flushing
on face, pupils in back of head reduced – Slept
exceedingly from yesterday. Continued bark & strong cater

15th Inst. 8th Day pulse 84. Slept general recession. The elevated papillæ
of skin are flattened & present detached crusts or dried scales – on
the chest of G has gone to some granular papillæ
& the inflammation most of G & must be relieved, the
fauces somewhat more congested urine very pale
albumen, & bronchial & has the general feeling
of Rest of Thes. Desquamation appears on face &
on the papillæ of the rest of the body.

This feeling urine induced me to give Mustard leaves & the
~~colomb~~ Gentian. But at 8 PM. I found he
had ~~28~~ fainting of exposure on the foot
pulse fast & irritated & the restless – Omit the
bronchial & return to Barley Water, – Shall see
restless & restless Mus Ni 2 hourly

16th 9th Day pulse 84. feeling & pale bronchial urine, desquamation
on face & in circles on the back of hands ∴ with
small colour ∴ like a rash of congested lymphatics

17th. 10th Day pulse 84. Eleven. G has lost all scales colour
but little yet. scarlet. fauces yet slightly congested

18th. 11th Day. pulse 84. urine more abundant with better
& of a light amber colour & less bronchial is
more transparent.

19th 12th Day. pulse 84. skin peels off the epidermis from back of hands; desquamation
on back &c

20. 13s. June 84.

21. 14. June 84. desgrants-cont: emanctd. cont. Mulholl.

Epidemic Fever with frequent congestion of intestine & secondary congestion of liver

Lydia Cope aged — Arch St. Philadelphia April 18th 1856. Called upon to visit her on account of a sudden attack of diarrœha. Perceiving that besides this the skin was heated and dry, the pulse frequent and contracted and the tongue somewhat white I remarked that she had fever which required her to be in bed. Restricted in food to barley water and toast water with ice, and to take pills of Calomel, Ipec cac: and Opium, and under moist cloths covered with oil silk constantly applied to the abdomen, the occasional interposing of a thin mustard plaster between jaconet muslin to sustain a moist and reddened surface without pain.

19th The diarrœhea was arrested but she passed a restless night and now is extremely restless. The pulse is an 108, urine scanty and high colored, complains of gastric distress. Prescribed Saline mixture ℞: Antimonii. Exp: Cannabis Indicis. She threw off the first dose. The medicine therefore omitted. At 5 A.M. pulse an 120 contracted, restlessness increased.

20th A yet more restless night skin heated, pulse 96 contracted. She complains

extremely of a fixed pain under the Ster-
num along the outside of the thighs. the u-
rine scanty and of a translucent beer
colour. She had occasional reach-
ings. 6 P.M. Pulse an 108.
21st. The fifth day of the fever passed a restless
night and now her patience is exhausted
by universal distress of body, fidgets.
Bang asked where is your pain she replied
Oh! it is everywhere. how can I endure it.
and grasping my hand in agony she cri-
ed Oh! let me die. With this she had a
fixed aching at the Sternum, Sacrum
and thighs. Her pulse was 120. hard and
bounding demanding release, the urine more
of the beer colour with gamboge edge.
The ball of the eye at the external can-
thus tinged greenish yellow. N.B. The
day previous under an impression that
the condition of the stomach was of
nervous irritability. I percussed the
spine and found the two spinal
processes opposite was painfully intol-
erant to percussion. I therefor applied
cups to dorsal spine and from four
of the 8 nearest the painful vertebra
drew blood. It produced only a momen-
tary abatement of the gastric distress. In

some of the reachings there was thrown up some of the dark particles - venus blood.

22nd. Finding that the stomach continued to be intolerant of food and medicines and that the liver was evidently disordered and that the pulse had now become full and tense even to hardness I took ten ounces of blood from the arm. The blood was abnormaly dark and shot out with abnormal force. When about ten ounces had been drawn and its color more normal, and the pulse had lost its hardness and increased in frequency the vein was closed. After this there was a discharge of malinea. The stomach having now become more tolerant of food barley gruel was given and I ventured to give ten grains of Calomel, and subsequently on the following day 8 grains of Calomel in three drachms of Castor Oil. The bowels now discharged more abundantly the same melinoid substance evidently from the portal system through the Bili to be mixed and modified by intestinal contents

24th. The seventh day of the disease I administered a drachm of glauber salt and a grain of calomel every three hours in order to relieve what seemed now to be evidently a congestion of the portal system.

25th. The eight day of the disease the pulse which during the previous week had been at an 108 in the morning and an 120 in the evening became 106 in the morning and an 108 in the evening ~~and [illegible]~~ The discharge from the bowels ceased to be melinoid, some sybolous feculence was discharged. The urine was less bilous.

26th. The ninth day of the disease the pulse 84 in the morning 96 in the evening. Urine has entirely lost the beer tint, stomach is now tolerant of rich chicken tea and her sufferings very much abated. The calomel pills were now omitted to avoid unnecessary action of Mercury. In review I considered that as the primary irritation of bowels and stomach had passed off and the congestion of the portal system had been relieved and that the frequency of the pulse had strikingly lessened on the eight day. I prognos-

icated a favorable issue that on the 14 day there would be the important crisis when the system being released from the strength of fever the hepatic system be much less embarrassed, the urine become more normal in quantity and quality.

27th The tenth day pulse 84 in the morning 96 in the evening menstruation came on all medicines having been now omitted her sufferings greatly abated. Every prospect was pleasant, a beautiful bouquean of flowers was presented to her, which she reached out her hand for and with a bright countenance enjoyed.

28th The eleventh day of the disease pulse 96 in the morning and 84 in the evening more febrile.

29th the twelfth day less febrile the menstruation did not last beyond a day.

30th The thirteenth day suppression of urine now occurred which not yielding to fomentations to the hypogastrium and spirits of Nitre with water melon tea. The Cathiter was used and a full pint of urine drawn off, this new and unexpected system was at the

the time unaccountable.

May 1st fourteenth pulse an 120 in the morning and an 128 in the evening, tremor in the fingers, abnormal action of the Aloena si. Slight flush of the countenance, she accidentally put some spirits of Hartshorne which produced a sloughing ulcer on the tongue and roof of the mouth behind the left incisor. No urine was passed during the day and at her own request owing to pain it was again drawn off and that abundantly, the quantity and quality was such as might be suspected at the second crisis of fever except that it was a brandy tint.

2nd fifteenth day pulse an 120 in the evening an 132. Her complaint was restricted to extreme prostration, she lay on her back without disposition to move even her limbs. tremor of her fingers continued incapacity to urinate, catheter again used at night and a full quantity of urine drawn off. Wine whey was now administered on account of her prostration.

3rd sixteenth day pulse obstinately continues an 120. Retrogressing ulceration of ton

gue and gumb continued. Delirious during the night, she has lost her expression of face her uncommonly brilliant and expressive eye has become a tremulous staring eye, her lips are swollen and affected with a tremulous pouting, the tremor of the finger and wrists are more manifest her intellect and will are unaffected ~~manifested~~ by promptly and correctly answering questions relative to time place and numbers.

4th: Seventeenth day. Mild delirium during the night, pulse smaller, weaker, and from an 120 to an 130 her will and intellect are yet retained but her natural expression of face is changed into an inexpressive stare with tremor as of one under fear. She has incontinence of urine and increased tremor of hand and wrist, the entire hand of each arm was in constant tremor I asked her to move her arm, she looked at me in an anxious tremulous manner and an impulsive manner cried out I cannot. I then for the first time perceived the present state "namely palsy of the distal

tic system from epidemic capillary congestion of the membranes of the upper part of the spinal chord. I called Dr. Pepper in consultation.

5th. Eighteenth day. All the symptoms of said palsy increased; yet will, intellect, and speech continued. melenoid discharges returned. We considered the case hopeless.

6th. Nineteenth day. The cerebral functions of will, intellect and speech continued, the entire loss of voluntary muscular action and power over the bladder, and in their place muscular tremor, prone position of the entire body, the head sunk down upon the shoulder, and incontinence of urine and loss of expression of face indicative of palsy of the diaphaltic system in connection, ~~with~~ and the melenoid alvine discharge, constitute the three categories of symptoms of this deeply interesting case of Epidemic fever. in which, with chronic congestion of portal system there was congestion of the cerebrum of the intestines as shown in the primary diarrhea & the recession to the cerebral congestion of spinal cord. & chronic paralysis or disease upon

Secondary Venus congestion of the brain mistaken for apoplexy.

Case No: 1. Mrs Peter Hay aged 58 years Dilwyn street and green. On saturday May 15th she became unconscious and continued in comatose state with laboured breathing, pupil of the eye fixed and dilated. The nearest physian called in haste regarding it apoplexy applied cups to the temples and the back of the neck. After a few hours the family physian arrived and prescribed a grain of carbonate of Ammonia every two hours. I was called in consultation on the 18th at 12 M. The doctor stated that he regarded it as apoplexy from the softening of the brain and with a fatal prognosis has given this opinion to the family. It was owing to the alarm thus produced that I was called in. I found her with a feeble and frequent pulse, relaped, resembling the pulse in the convalescence of epidemic fever. The skin was slightly heated. The Coma was not extreme she could be roused and induced to slightly protrude her tongue her almost insensible breathing was occasionally interrupted by deep heavings. After this visit I obtained from the doctor in consultation the following

history. Three weeks ago she had had remittent fever, but during said three weeks he had ceased visiting her because he regarded her convalescent. The attack of supposed apoplexy came on suddenly. Upon inquiry it appears that the so called remittent fever lasted 4 weeks had no augmenting exasperations, no black alvine discharges or other evidence of portal system, no gastroenteric symptoms. The doctor therefore was willing to accede to the suggestion that the fever was not endemic but epidemic, that there was no venohepatic congestion but a capillary congestion. I then ventured the opinion that his patient during the hazardous state of convalescence had owing to an indulgence in table diet and to an unusual damp and cold of may had become subject to a capillary of bronchi, which induced a primary venous congestion of the lungs, and a secondary venus congestion of the brain, and that the cephalic system were not apopletic from softened brain but comatose symptoms from venus congestion.

I therefore suggested carb: of Ammonia and the oil of turpentine, the latter to remove capillary congestion, the former to increase the vital force of the lungs. Under this treatment she gradualy improved.
On the 20th our attention was called, more especially to oscultic signs of the lungs. Anteriorally the morbid sounds were confined to the upper lobe of the left lung consisting of crepitancy and various abnormal tubular sounds. Posteriorly there was crepitance down the entire line of both lungs

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Fracture at the Base of the Skull &c

John Currier aged 35 yrs ~~nervous~~ cerebral nervous temperament, energetic but delicate – born sailor – shipwright. Allen St. E Kensington.

May 13/56 Tuesday 10 AM he fell from a ships scaffold 11 feet & struck the right side of his head upon a large block while working in Maxwell's ship yard near the Navy yard. He was carried home completely insensible. & so remained from the moment of the blow ~~to~~ until Wednesday 10 PM. = 36 hours.

Insensibility from Concussion of Brain from momentum = weight of body 130 lb in velocity of 11 ft fall. = lasted 36 hours.

Wednesday night restless from febrile reaction & so on for several days.

I was called in consultation by Dr Sendeling on the 20th of May. seven days after the accident at 12 m. Understanding that the patient was a shipwright I was expecting to see a stout muscular drinking man but was surprised to see him on his back in a semi-stupor state a spare delicate intellectual looking person. Dr Sendeling, speaking loudly to him. Said, Here is Dr Dunnet who is coming to see you. He lifted his eye lids, looks at me & reaches his hand to welcome me. There was no distortion of the muscles of his face. but ~~there~~

right eye lids were ecchymosed. He sank back into his soporous state. My attention was directed to a hard tissue on the ~~left~~ right parietal bone as an evidence of fracture of the skull. It recalled the case of Gen. Ellsworth who was stunned by a fall on the head which left the hard unyielding tissue over the scalp, strongly in fracture. I believe the nature of the & that there was no fracture. but that the injury was upon the base of the brain from the contre coup. He then stated that there had been a copious bleeding from the Right Ear. This I regarded as additional evidence of my position but had no notion of fracture of the base of the skull.

I then directed my attention to ascertain if the injury was on the cerebrum, the seat of intellect or on the cerebellum the system. & therefore put the following questions. What month is this, Mr. Zebony. I directed his attention to the crowd of a hear at the door. Oh. it must be May from the flowers, leaves. He is an elder in the Baptist Ch. & very devout. How much is 2 & 2. Ans 4. 12 in 12 - 144. add 43 & 32 Ans 75. How many children. Ans. 3: He had 2 but a niece was adopted his - & one of the family which he treated as his own. All this satisfied me that the lesion was not on the cerebrum. I then applied my ear to the chest & was surprised to find a total absence of sound no adventitious sound & no respiratory murmur.

the ribs were motionless. but the pulse was full & regular but only ~~84~~ 60. There seemed to be a paralysis of the respiratory function.

I regarded the injury to the sensorium & motor when the cerebrum & hence recalled to mind the case of fracture of Lydia White & Charlotte Chase. but I had no evidence of fracture of the base of the skull nor the infiltration of the blood from the ear & the ecchymosis eye.

I mentioned the case to Dr. J. Dawson, & instantly he recognized case of Helen Cain of fracture at the base & asked if there was not also a discharge of serum from the ear. Also this was seen to me. & spoke also as being evident of fracture of the skull. This very incidentally I had heard of fracture at the base of the skull but associated it exclusively with the fracture at the temporal bone from blow on the occiput.

℞ Barley diet & saline mixture & rest & quiet. the bowels have been moved.

21st Passed a restless night. semi-stupor, early rousing with an expression of more as to name, number & recognition. but not of recollection. I asked him what was the matter with him & stated the accident but he had no knowledge of such matter. he could be roused into an expression of more but he was unconscious of more. the pupils not as unequal slightly state ℞ continued. ℞.

22. 23. The symptoms continue the same.

24. The patient always, when 72 was been handled & the might moves restless. Under the ether that man became unconscious bowels ~~so~~ catheter blood was taken from the arm, back of the hand. 2 tests Hooker, & Cal Nit. Phosp & Tabacet to saliva was administered.

25. 26. 27. 28. 29. The gradually became more unconscious, skin hot & sensitively & the bladder lost its sensibility so that the accumulated water had to be drawn off with a catheter. The urine was filled with albumin.

29. 30. 31. Symptoms gradually became worse. & to June 1. & 11. when the coming expired without convulsion. 29 days after accident.

Autopsy we, more & Dr J. Dunant in the presence of Dr Sedgley & W. Dunant ~~and~~ Dr Fischer on the 12 of June at 4 PM.

The scalp being dissected & reflected from the aponeurosis & muscle, the seat of the blow was evident on the right temporal bone.

The skull cap being sawed & removed, there was found a clot of extravasated blood on the dura mater covering the right temporal bone the size of 2½ inches diameter. & there was noticed a vertical clean fracture of the squamous portion of the temporal bone. a fragile bone! no depression & membrane liable to fracture. here end. No. depression.

The upper surface of the cerebrum when the dura mater has been removed exhibited no marked appearance.

The under surface of the brain was softer from the base of the cranium by an increased quantity of serum, and adherent to the pons varolii & the medulla oblongata there was a loose mass of yellow jelly looking fibrin & underneath there was a firm consistent & adherent fibrin where the congested (inflammatory) cuticle of the pia mater. The vessels of the brain were enlarged & there was a redness & injection with serum. The septum lucidum was thickened to a soft flaccidity. The cerebellum & medulla were of firm consistence

Dr A Fricke's Case of Ovarian Dropsy with Pregnancy.

Jany 16/56. Dr Fricke tapped Mrs — Made 8 and drew off 2½ gallons of olive colour'd albuminous fluid.

The ovarian dropsy began Apr. 55. The uterus before tapping was laterally displaced so that the os faced the left acetabulum. The swelling of the abdomen was uniform, pulse full & healthy. patient is florid & healthy.

There is not dropsy from fever, inflammation or disease but probably secretion from shock or trauma.

Aug 18/56. now 4½ mos pregnant Dr Fricke tapped her in the hypogastric position an inch below the umbilicus safely. The fluid was clear & colorless & moderately viscid. It flowed with difficulty & drew off 22 pints = 1 gal 3 qpt

She was not in the least exhausted, but the next day Dr F found her with moderate pain in the right iliac lumbar & hypochondriac region. with a pulse of 120 & tense. He took 6 grs Calomel & increased it on the 3 day a slight ptyalism. a nervous irritation from shock of operation & shortness of breathing. ℞. Sulph Morphia & ag Camph & cont Cal. &c

On the 4 day symptoms appeared & now the pulse was more tense & the deletion on D.S. by see entire file. & then XXXVI Oz

was taken & a blister applied. & calomel oint.
The next day the blister was found burst & cuticle
crumpled up & the cutis. & patient must take
more & relief sking, pulse reduced to 108 & the
urine high red & no pain in the side.
NB. VS being as in the below case has saved the
patient. yet Homeopathy decides the VS should
never be performed.

Olium Erigeron Canadensis in Leucorrhœa

June 1856. Mrs: H. Parrish st: had been for a length of time subject to L– which induced pelvic pains and distress with loss of appetite, palpitation, headache and general weakness. After taking the full dose for some weeks the L– ceased and with cessation the constitutional symptoms disappeared she now enjoys health.

Case 2nd

Mrs Newel aged 38 years has for sometime been subject to L– and after taking full dose four times a day for four days the L– has much abated and she enjoys better health.

Case 3rd

Miss M. R. has taken during the whole month full dose without benefit.

For sore nipples the following recipe

℞ strong infusion of green tea an ℥j
honey . . . . . ℥ij
Alum . . . . . ℥j
Armenian bole . . . . . ℥j

Organic disease of the heart inducing cordal pain, anasarca, urate of Ammonia deposit. S. Jamison aged 81 Norristown August 31, 56 called in consultation with Drs Corson and Baker. Mr. J is one of the most extensive and enterprising manufacturers of Norristown Scotch Irish, nervous temprament, six foot in height, brown, strong featured and has experienced as a manufacturer all the shocks of all the tariffs from that of 1816 until now. He has been seven weeks under medical treatment. His face is not indicative of disease. The capillaries are full, countenance natural and so the features. He is care taking, kind, but unsocial and inclined to look upon the dark side of things. A week past he had a copious spontaneous vomiting of dark offensive matter, and his bowels are easily disorded. The symptoms though which are at present subverted are paroxysms of pain in the left side of chest short, convulsive breathings, tremors of

the arm which frequently occur based upon a regular action of the heart and an irregular intermitting pulse without venus congestion and associated with anasarca, and urate of Am: in the urine.

N. B. Is this a primary organic disease of the heart or are these cordal symptoms sympathetic from a primary disease of prima via, and if so is this abdominal disease so affecting the chest a congestion of the mucous membranes or schirrous of the stomach or is it nephritic disease.

Unable to make a satisfactory diagnosis we ventured to proscribe ext: Cannabis Indicis and sulphate of Morphia for paroxisms. Am: Sulphate of Copper, Oil of Turpent and for the calomel half a grain every three hours with Ipecac: fourth of a grain.

Sep: 3rd The Thoracic paroxisms have ceased, diarhoea has occured the swelling of leg worse. continued treatment and recomended nutritious diet.

Sep: 5th He suddenly died in one the thoracic paroxisms

Fungus Haematode, in the abdomen & thigh.

The tumor at the time of the operation, was, as the thigh, spherical and without the least irregularity of surface, tense, smooth & even, as tho' uniformly distended with air or water: but when manipulated its surface very irregular, yielded to pressure as tho' the contents of the tumor was heterogeneous. This, with the latent softness & growth of the tumor & the exploratory with trocar & canula exposure only blood induced me to diagnosticate the tumor a case of Hey's Fungus Haematode, and recalled the Shrewsbury St. Case under Dr. Physick & Dorsey chief by Dr. Barton & myself.

The origin of this tumour, is as follows. Five years ago he strained himself in the right groin by kicking with all his might a dog which attacked him, this lamed him for awhile and swelled for a time the glands of the groin, of this however he entirely recovered. Two years ago he was in the habit of frequenting Craig's riding school, and took a pride in athletic

exercise of leaping into the saddle from the rump of the horse and even also on to the neck of the horse from the rump and indeed such was his uncommon muscular power that he could leap from the rump beyond the head of the horse when it the head was secured in a proper position.
Thirteen months ago he experienced a slight pain limping and lump in the right groin at the place of the former lump. Since which the lump has grown into a hard tumour on the crural side of Gimbernats ligament, With its very gradual increase there has as gradually taken place a hard tumor within said ligament evidently a projection of crural tumor; constituting an irregular dumb bell tumor, the narrow middle part of which occupying the crural canal the outer portion being the crural and the inner the abdominal portions.
In this form and hardness and in these localities it continued to grow for several months during which time he continued to walk daily in the practice of his profession.
The last six weeks its growth became remarkably and alarming, so that on the thigh it assumed a projecting spherical body of two and more inches diameter and within the abdomen an oblong body of equal bulk

The last two weeks have yet much more rapidly increased the abdominal portion more than three inches in length and the crural having become a spheroidal body of at least three inches in diametre, Besides this rapid increase the tumors more especially the crurals have become manifestly semi-fluid and painful.

Dr: Murray determined with the concurrence of Drs: Altee, Darrach to have the tumor removed. Thereunto the tumor was subjected to the following examination.

First the crural tumor being placed between a gas light and the eye of the observer was found to be opaque.

Second. Being manipulated over the surface it was found to be of different degrees of density fluid, semi-fluid and solid.

Third: A very delicate groved trocar encanulae were passed three inches into the substance of the crural tumor and thereby was abstracted blood of a dark color, which under the microscope were found to be nothing but blood.

These observations induced me to diagnosticate the case Fungus Hæmatodes.

A medical council was held to meet if possible the desire of Dr: Murray for treatment by abla-

tion. Dr: Altee at his own request was present to give his opinion after that of the council. Dr: Driskell the youngest gave his judgement in favor of an operation. Dr: J. Farrach expressed serious doubts of its propriety. Dr: Thicke favored the operation without hesitation. Dr: Gunninger urged the operation. Dr: Roberts felt that he could not oppose the operation and also Dr: Wiltanks. The chairman being then called upon to express his views at large stated, that he considered the tumor Fungus Hæmatodes a local disease resulting from accident, but which recurred after an operation on the excise part, but did not return ~~[illegible]~~ if a limb on which it was situated was amputated. This occured in the case of Dr: Physick's patient in 1819 and in some of Mr: Hays cases. But that in Dr: Murray case the affection implicated the pelvis and was therefore ~~beyond~~ the amputation if it recurred and the original operation of ablation might require the excision of the peritineum. He could not therefor see how an operation could cure the case nor how it could lengthen life, on the contrary he beleived that the disease would recur and by being beyond the reach of amputation would shorten life. Dr: ~~[illegible]~~. A second opinion of the

council was then called for, when Dr: Fricke and Gunninger reiterated their judgement in favor of an operation, Whilst F. Sarrach, Robert Wilbank and ~~[illegible]~~ opposed the operation.

Dr: Atee then gave the following opinion. He could not agree with those who regarded it a benign fever, but on the contrary regarded it of a malignant nature though not prepared to call it Fungus Amalortes that name been given it by the chairman and not by him. He feared that it originated and was attached to the bone and so connected to peritineum would be feared be removed in an operation of ablation and therefore could not recomend the operation.

The following questions were then put to him by the chairman.

Is not the tumor malignant?

Will it not most likely recur?

If so will it not be beyond the reach of amputation?

Will not the primary occupation greatly hazard speedy death by peritineal inflamation and in all respects will not an operation an acute fatal issue instead of a chronic fatal issue? This was replied to in the affirmative.

Dr: Murray was then called in to hear the result of the council, he determined upon the operation. It was therefore determined to have the operation on the following Thursday.
Accordingly at this time Dr: Altee performed it, assisted by Drs: Disdell and J Darrach in the presence of about twenty physians or more, A semilunar incision was made through the integument over the crural tumor, a flap of the integuments having been made and everted upon the groin exposed a cyst, which either by a touch of the knife or from its delicate texture burst open and discharged an enormous quantity of black blood clots fluid blood and lumps of medulary carcinomatous matter. The quantity thus discharged more than filled the largest size washbasin. Dr Altee then freely introduced his hand from the crural sack of the tumor through a large opening of Pouparts ligament into the cavity of the abdominal, sacculated portion of the tumor and emptied them of the above mentioned matter, he dissected off as much of the sack as possible, which belonged to the crural

part of tumor. There was no hæmorrhage in this operation beyond the bloody contents of the tumor. The form of the sack seem to have been thus (cancel abdominal portion)

The wound was then closed with a few ligatures and treated with cold dressings.
During the first fortnight there was a copious, fetid, sanerous discharge from the wound. The face of the patient assumed a cachectic characture, the pulse became weak, frequent and quick, muscles affected with nervous ragors, tempting us to make an unfavorable prognosis, Nevertheless the ages of the wound closed by the first intension, and now on the fifteenth day after the operation he is sitting up in good spirits, good appetite, pulse reduced from 100 to 84. tongue clean, no pain in the seat of the tumor and but very little discharge from the draining orifice.

Elio-Miasm.

June and July 1856, was without rain. I therefore predicted that August would be very rainy and as there would be the ordinary August heat and ordinary maximum quantity of decomposible vegetation I inferred that there would be formed a heavy amount of Elio-Miasm, and consequently a heavy amount of remittent and intermittent fever. Accordingly I cautioned against remaining in the country after July.

But although the predicted August rains did occur there was unexpectedly a remarkable absence of the ordinary heat of this month consequently the triple agency heat, moisture, and dead vegetable matter in ~~[illegible]~~ creating Miasm was absent. The Fall has therefore been everwhere without endemic fever. The Apothecaries of the city report that their sale of sulphate of Quinine has been unusually N. B. If endemic fever be not caused by Miasm, Why has it not existed this Fall?

Endemic pulmonary congestive fever.
Case 1st Samuel H. Porter aged 35.
Strumous habit and for many years a victim to it even to the destruction of the bones of the nose, a soft palate, one third of the derm of the back, the integuments of the forehead and a large portion of the outer table of the os frontis.
The last three years were without this active Scrophulous disease. He married and entered into business. October 2nd /56 he was attacked with a bronchial congestion, which continued with fever with increased destructiveness until it ended at 3 P. M. 4th inst.
N. B. The case resembled that of Dr. Grant's

Disease of the heart and gaseous distension of Abdomen, which last was mistaken for Ascites and tapped.

Case 1st Thomas Brown, aged 45, sanguineous, muscular, large frame and very corpulent had for many years been a grocer on the Schuylkill and accustomed and able drink ardent spirits excessively without intoxication.

Fifteen years ago he was attacked with disease of the heart for which his physcian Dr. Hartshorne frequently bled him which always relieved the distressing circumstance. Nevertheless he has been more or less embarrased ever since with cordal symptoms. So

Last July he visited Saratoga to obtain alleviation of his suffering by drinking the Congress spring water. Owing to fatigue from travelling he drank the water of the spring in his bed room which was somewhat stale, and drank of it very abundantly. He then very soon after became permanently distended in the abdomen which continued till his death. Naturally corpulent and having a large corporation, nevertheless there was a distension which alarmed him and which was associated with embarrasment

of his breast and endema of the legs. I
I was called to see him on the 12th of September
He told me that he was so enormously swell-
ed with the dropsy that unless it were removed
he could not live. From his enormous size I
prejudged the case Ascites and was surprised
to find no impulse of water upon my hand
Dr: V. Darrach also percussed the abdomen
without satisfactory evidence of the exis-
tence of water. Dr: Fricke who I knew could
detect it also very kindly made percussion
with but very slight evidence to him of
its existence.
Dr: Naidyne and myself now under
our care and after three bleedings by which
the blood was cupped and sized and firm.
The urine of 137 specific gravity dependant
upon extractive matter, which was reducable
to sugar. The pulse large and bounding
We determined upon tapping believing in
spite of want of evidence of the existence of
water. We were compelled to this by the urgent
solicitation of the patient. Dr: Fricke was in-
vited to the operation and were all inferentially
satisfied that the abdomen was enor-
mously distended by Ascites. Accordingly
I plunged the trocar but not a particle of
water came forth. Through a gum elastic

cathetar, but not a particles of water, issued. This astounded us, the next day we more carefully percussed the abdomen by tapping over the hand, and found the abdomen everywhere resonant. This fact satisfied us of Meteorism. And as it recalls a case successfully treated by me with the stomach tube introduced into the large bowels. I obtained the consent of Drs. Fricke and Nandyne to introduce it. which I did but without deriving any benefit.

Not a particle of gas passed out through the tube.

Remarks. 1st. There was no water in the abdominal cavity. This is evident from the facts that there was no perceptible fluctuation, the distension came on suddenly at Saratoga after an extravagant drinking of state congress spring water, and the use of the trocar and canula and gum elastic cathetar failed to draw off a drop water.

2nd. The extreme distension was owing to gas in the small bowels because the abdomen was resinent, when one hand being laid upon it and strickened by the other. And because the distension was greatest laterally and above, whereas in dropsy the shape is more ovoid with butt end below.

3rd. In Ascites the patient shuns the horizontal position that the water may gravitate into the lower regions of the abdomen, and give greater freedom to respiratory action of the diaphram.

4th. In Meteorism the elevated position affords no relief, and therefore seeks not to change for it the more easy, recumbent position.

5th. In this the lower limbs and genitals are not distended, whereas in Ascites which has become so extreme as to demand tapping, the lower limbs and genitals are distended with dropsy.

Practical Rule. Ascertain in proof of Ascites that fluctuation is perceived, that the horizontal position is more embarrasing to respiration than the elevated, that lower limbs and genitals are distended with dropsy, and that the quantity of urine is diminished.

2nd. Ascertain in Meteorism that the resinents of the abdomen, expel by the application of one hand upon the abdomen and the striking of it by the other; that the horizontal position is generally preferred; that there is an absence of distension of the lower limbs and genitals and that a normal quantity of urine is passed.

Meteorism.

The decomposition of vegetable and animal matter is attended with the illumination of gases, hence the flatulence of the bowels and stomach. It is true that digestion counteracts putrefaction, nevertheless gaseous elimination in the bowels are from infesture, and there are some kinds of food, which cause it more than others, such as cabbage, turnips, chesnuts &c. The Mother's milk in the stomachs of the infants within six weeks of age, is a prolific sort of flatulence, and is the cause of the extreme colic of tender infancy.

There is however a formation of gas in the stomach and bowels independent of infesture. My attention was first called to this fact in the case of my friend Dr. H. We had neither of us eaten supper, and before day began our journey from the valley to ascend and cross Mount Cenis. After we had ascended he was affected with gastric flatulence and rifted off gas from his stomach in great abundance. We were both satisfied that as our stomachs were empty that this gas did not proceed from infesture. Whence then did it proceed?

After excessive purgation the alvine discharge becomes very frothy, which to the experienced practioner indicates hypercatharsis. Here also there is gas without infesture, whence does

it proceed? In the extreme stages of cholera infantum the bowels become extremely inflated with gas, and so also in the final stage of mortal remittance. In neither of these cases do infestive exist. Whence then the origin of the gas.

A few years ago I gave on the third day of confinement the ordinary dose of Castor Oil in a case of obstetrics, it inordinately purged and then the empty bowels became enormously distended with gas. This occurred so frequently in this city at that time in similar cases and for a while very fatally that it was called the the swelled belly and much dreaded. Some obstreticians owing to the unusual mortality dreaded to practice. Whence this gaseous illimination? Pe

Persons of weak bowels are subject to extreme flatulence, whence is it?

I have known the cavity of the uterus subject to gaseous illimination, when is this?

I have seen bubbles of gas in the veins of the mesentary of a frog (in the field of a magnyfying glass) Whence is this?

I once tied the neck of a green summer snake from six to eight inches long, and suspended it in water, In a short time the entire skin was studded with countless minute air bubbles. Whence these air bubbles?

We must not forget that is not only the mucous surface of the stomach and bowels, and of the dermal surface, but that all the bronchial tubes terminate in air cells which eliminate gas.

Broncho Veno Congestive form of Epidemic Fe-
ver, associated with Chronic thickening of the
valves of the left side of the heart.
Case I. William D. Hannum aged 15 and half
year Francisville Oct. 1856. After an unusu-
al exposure which localized itself on the bron
chia. After a primary chill he had a morn-
ing and exascerbation with a contracted pulse
varying from an 120 to 130. His local symptoms
were extreme oppression of the chest, fixed pain
in the left side, and extreme shortness of breath
with short arrested inspiration a constant
and most distressing sensation in the chest
was that the chest was to small its contents
O! Mother said he, I could cut my chest open
to make room.
These symptoms increased daily and to them
was added bloody expectorations. He died with-
in three weeks of the attack. The autopsy was
made on the afternoon of the subsequent day
of his disease. The left lung was found ad-
herent to the sides of the chest but the adhe
sions were tendered and easily ruptured,
the lower lobe of both lungs were distended
one half beyond the normal size, of dark ve-
nus color, and when cut into the parenchema
of charcoal blackness, detached portions sank
in water, but ~~the~~ not softened there was not

to be found, the bronchiæ were then were then exposed and found to present a reddend surface through their entire extent on both sides.
Here then we have the bronchial capillary attraction of Epidemic fever, which by constricting the bronchial tubes diminishes inspiration and thereby causes an accumulation of venus blood in the lung and accummulates carbon.
This is often nay commonly mistaken for Neumonia.
The pericardeon was found closely adherent to the heart so that there was no pericardial cavity. The heart was enlarged in its cavities and thickened in its parieties two thirds beyond its normal condition and the valves of the aotæ under the left oracles were thickened with fibrinous deposit.
The Ahesion of the pericardeon and these thickening of the valves are consequences of his previous attacks of articular rheumatism
It recalls the case of my late Henry S. Patterson.

Snyderian form of Scarlet Fever.
Case 1st aged 3 years at the Southern children's Home. Nov: 1st, 1856.
The child lay on its left side its head bent down upon the chest its left hand covering the eyes which were constantly closed, the cavity of the nose filled with mucous which constantly and abundantly were discharged from the nostrils, pulse an 100 and 30 contracted, skin heated.
This case at a first and superficial examination might be mistaken for cephalic form of Scarlet Fever and on which therefore a bad prognosis might have been made, but it is to be distinguished from so fatal form by the patient's position on the side in the place of being upon the back upon its voluntary assuming the sitting position and its hearing not being impaired under the administration of sulphate of Zinc and Ipecac: followed by Aconite the child recovered.
N. B. This case is associated with catarrhal forms of the Epidemic which now appears in the community associated with spasms and convulsions.

Erysipelas as a Form of Epidemic Fever
an Examination — Dr Thompson. Jany 1857. 16 St.

On the 8th Jany '57. I was called upon to visit Mr Thompson
15 St above Arch at J. Payson.

Dr T. aged 35 yrs. graduate of P. M.C. — nervous temperament
complained on the 8th inst of severe headache
and fever. Regarding it as the unmodified
Epidemic fever — Influenza — I prescribed
Tyson Anti Pever.

9th The two powders & IV & Sev q. h. relieved
the symptoms: & the fever was ~~[illegible]~~ omitted.

On the 9th Friday I found him in the parlors
and expressing my surprise. Said to him
that he must be careful. Not although
the symptoms were arrested by Anticipating by
an antiperiodic course, that the poison was
yet in his blood and might manifest
itself in some new form by exposure
& imprudence. He then walking
every at the dinner table & eat solid
food, potatoes. Now as we've demonstrated
that scarlet, measles & small pox have a
primary gastric complete. So we presume that
influenza has. By the every fever & affection
[illegible] & on the

10th I was sent for again to see him again in
bed. His skin was again heated & dry. My coated

pulse contracted & frequent & he again complained of his stomach & urine of a dark-brown colour.

Here was evidently a recurrence of congestion. On the 11th Sabbath I noticed a red spot on the cornea at the inner canthus of the right eye. He said that it was a continuation of the muscular structures of the nose & throat, & requested me to look into his throat. He felt that there spot was connected with the throat affection. It was also a capillary congestion.

On the 12th Monday the red spot had spread over the upper eye lid & over ½ the nose showing, without doubt that the form was that of erysipelas — not a local phlegmon; but a form of streptococcus an exanthem & the having the primary congestion then of influenza. 2 days of continued congestion like scarlatina. His stomach was very irritable & therefore I only gave 2 grs calomel for the bowels & confined him to barley water.

On the 13th Tuesday 4½ days of crisis. 2 of continued fever stage the eruption now ½ & eye lid red & swollen. pulse 108. 120. ½ day & evening. urine deep red. rash & stickly

On the 14th Wednesday 5½ days of crisis. 3 of continued fever stage redness & swelling spreading over ½ the nose ½ of left cheek. nose swollen & tender as I regarded the case a contagious fever I strictly avoided the contact with the face.

On the 15th Thursday 6 days of crisis 4 of continued fever stage — nose

left lend. lids manifestly equal manifestly
& the eyeballs have spread over the whole
sheath. urine red free. 96 108.
On the 15th. Thursday 7 days of age 5 days of confinement
~~ex~~ more & less left swelling & more equally
& spreading over the right cheek. & with
these manifestly. & whole pulse
96 & 108.
On the 16th. Friday 8 days of age, 5 days of confinement
~~eyes~~ more & equally left swelling & red & extends
down into the cheek swelling red & painful
& more spread & explosively over the forehead
right & left for better examination pulse 96 & 108
urine red. & whole not left redness & slight
edema
On the 17th. Saturday 9 days of age 6 days of
confinement — more general swelling of face
the left redness & pain pulse 96. 96. urine
more abundant & red.
On the 18th Sabbath. 10 days of age. 7 days of
confinement — colour deepening local & general
more urine pulse 88 pulse & 84 swelling
left no redness on face. & the lids
swelled & tense. bowels better & evacuations
free.
Remarks
1. Erysipelas is an Epidemic fever.
2. " deposit matter of amount on 7th day

3. has an internal capacity equal to three of 2 feet deep as in Scale for
4. Its ovals are better proportioned.
5. Its length are 108. & 120. – 96. & 108. 84 & 96.
& feet deep & deep entitled on the fore-edge.

A Case of 36 Puerperal Convulsions, of which 24 were within two successive days, with the Spirituous Liquors, of a dying Nature and yet Recovery.

Mrs Margaretta Abbey aged 20 yrs. 16 George Dec. 22 gave birth to her first-born — a son. 1st presented ordinary Labour.

In the storm pain of the 20th she walked to chemist and 16th st. to obtain medicine. The 21st was a severe cold day N.W. pavements wet & icy. She went to church. 16th & Spruce. & on her way lost one of her gum shoes. May we not find her sufficient cause for Influenza influenza.

The circumstances of the birth were ordinary and lactation was duly established, but, on the 7th day when the milk fever ordinarily subsides and a nourishing animal diet is to be given. I found a pulse to my surprise contracted and frequent; Hoping however that this was a mere accidental excitement I banished my foreboding of evil.

29th December. The ninth day I found her too weak and febrile to have her first sitting up out of bed, which produced a general disappointment. I was disconcerted and perplexed

but as the locise continued and lactation was yet well sustained. I suppressed a dawn of anxiety that the present state of things was not serious.

30th She passed a restless night. This unaccountable febrile state continued. My desire to give a sustaining and tonic diet, and to have her up out of bed was kept at bay by the strange and provoking pulse contracted and frequent. For want of a better notion I fell into that of influenza. I percussed the abdomen but detected no meteorism. There was no diarrhoea, I therefor was relieved of the apprehension of meteorismic epidemic puerperical fever. I treated the case expectantly as influenza contracted before labor and suspended by it, and lactation and now resumed to take its course of twenty eight days. In order to settle the minds of all I expressed the above diagnosis.

31st I was now satisfied that she was a patient laboring under essential fever and was perplexed and anxious least it might assume some serious puerperal form.

Jan: 1st 12th day. Continuation of symtoms

Jan: 2nd 13th day. At 8 A.M. Mr: Albey relieved the nurse who had gone to breakfast.

his wife called for a basin, saying that she felt sick at the stomach and soon after vomited. After this there was twitching of the muscles of the face which soon after passed off. The nurse subsequently stated that there had been a similar attack of vomiting and twitching five days after the birth.

Jan 3rd 14th day. At 1 Oclock A.M. She was attacked with a severe convulsion. Drs. F. Darrach and myself were sent for, before daybreak she had a second. Dr. J. D gave a ℥ss of Milk of Assafœtida by injection, after which she had no more Convulsions until Jan 5th

4th 15th day, She was without convulsions

5th 16th " At 2 Oc. AM. A very severe convulsion.
At 1 PM a second convulsion.

6th 17th day No convulsion.

7th 18th. At 5 AM. four convulsions within a hour, very severe. From 2½ PM until bed time 13 convulsions, varying in severity

8th 19th day. 15 mn before 8 Oc. AM a severe convulsion, 10 m. after 9. a second severe convulsion, 20 m before 10 Oc, a convulsion on the left side only. 10 m before 10 Oc. severe convulsion, 5 m before 11 Oc -

Severe convulsion, 5m before 10C. Severe 20m before 9. Severe, 12m before 8. 8 Ill. Severe.
No more until 20m before 1 AM. Ill. of the 9th
9th 20 day. 11m after 10C. a severe convulsion.
At 6 AM a convulsion at 8½ AM one –

On the at she was attacked with the severest form of convulsion which passed into a state apparently moribund, the pulse was small, and too frequent to be counted, respiration extremely disturbed, and the rattles constant and protracted. All about her regarded her in a dying state, I was urged to express my opinion in accordance with their impression, but there was no venous congestion the lips retained their florid hue, the circulation was not unbalanced, and therefore notwithstanding the rattles and thready countless pulse I withheld my opinion. To the surprise of all, this extreme condition, terminated in full consciousness and tranquillity Her father brothers and sisters and husband relations were sent for ~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~
When recovered from this extreme condition

Mr Abbey anxious about her future state urged her to express a hope and belief in Christ, her reply was, O! no, it is too late now. Can't you trust in him? No. After this he prayed with her. She then said; O! help me to trust in him; pardon my sins. Thus passed the night; The following day, ~~xxxx xxxx~~ came with 11 convulsions, the last of which was at 8 PM, Then began a state of spiritual exercises, of joy in Christ of a dying Christian, Her expression of face was angelic, Her expressions were, O! it is bright, meet me in heaven Father you will meet me in heaven dear Ma you will meet me in heaven O! it's brighter, High up O! how bright, Hemp do what your Ma wants you to do, promise me that you will promise me that you will meet me in heaven, William meet me in heaven O your faces are so white, you are all so white, O it is so bright, brighter Billy kiss me, obey Ma. Mary take my place, be to Mother what I have been I am going to leave you, dear Charles you have been a good husband

but we must part, Meet me in heaven — O! e'er bright, Aunt Margie meet me in heaven. O! it's bright, brighter, brighter. brighter And so she continued repeating this word, with a fixed Angelic expression of joy, as of one passing from earth to heaven joy seemed to bake upon her and to shine into eternal day.

In like manner she gave the same expectations to the Parent, brother, & sister of her husband. In all

In all this, there was no nervous Congestion And there was to me, lacking the evidence of death, and I felt it my duty to take the first opportunity without obtrusion of feeling her pulse. I found it not that of a dying person. My thoughts were these. This is epidemic fever with capillary Congestion of the Mencephal and all the phenomena of extreme convulsive action of the muscles of the eye, of the face, of the accessory muscles of the chest, of the diaphragm especially, of the limbs is a category, constituting disturbance of the diastaltic system. The cerebrum is not involved. Then there is disturbed condition of the lungs And all preceded

by gastric debility. Is it not influency a modified by the puerperal condition in which the uterus influences the stomach this as the cardiac, surface, (central) of the great caliac centre of the Ganglion system by reflexion action is settled upon the sensorial system.

If so the therapeutical indication is to divert from said sensorial system to the nutritive and reproductive system. The back of the head had already been shaved and blistered. I now directed a blister to the epigastrium, to attract to the nutritive organism and sinapism over the mamma to attract to the reproductive organs, and administered, what seems to be good musk, a gr. every hour. It was not long before the diastaltic convulsions gave place to hysterical grimaces, with peculiar projecting of the tongue, since this she has been gaining. And on the 28th day she eating solid animal food, some return of milk, strong enough to sit up in her bed for a short time, urine of healthy colour flatulence of bowels, and disposition to have them moved, pulse 84.

The Bowels were, without medicine, open on the 25th at 6 PM. & copious, & healthy discharge.

Rheumatism in Tendo Acchilles and small joints of the feet with pain extending up the limb and locating and aching in the hip joints, morning and exascerbations, pulse contracted quick. 96 A.M. 108 P.M. skin heated face flushed, tongue without slightest coat, urine red but less so than in the rheumatic case of Mrs: Sandling turned blue Litmus abnormaly red, but less so than in that of Miss S. S. G. abnormally high as 1032-12 above normal, abnormal quantity of urea epithelial in pavements abnormally abundant The above is the 2nd day of Rheumatism of Miss L. G. Darrach in her 19th year. 3 years previous she had a similar attack aged 17th year and previous to that in her 14th year her first attack

Asthenic-Anemic state with impervious lung a sequela of Bronchial Endemic fever.

John Leonard aged 17yrs Queen St. I visited him on the 25th Feb.y 57. in consultation with Dr Sendeling. He was asthenic & anemic with impervious state of the lower lobe of left lung. This chronic cachectic condition is the effect of a bronchial form of Endemic fever.

He was emaciated, weak, pale, night sweats pulse small, weak & frequent, expiration short & can count in a breath only 17. Urine pale small in quantity tinted red & sp. gravity only 1015. & containing vibriones.

I regarded the indications to be the restoration of the health of the blood & the retention of the chronic anemic heat; ~~The 1st was attempted by a diet of~~ & restoration of the impervious lung. The 1st was attempted by nitrogenous food. &c The 2nd by cooler covers, cotton clothing. & the 3rd by Phosp. acet: ℥i in pint of water q. t. h. By the 24th March. = one month = the under the above treatment became thinner & scanty. with healthy urine, & restoration of strength. & spirits: & with repletion of lung in place of absence of sound

An attack of Articular Gout arrested by an Heroic dose of Vin. Colchi: ℥i with ℥ii of Husband's Calc: Magnes. & ℥i of Potass. acet. in pt ½ of water q 3 hours.

Case.

R. McCurney 19 Green St. aet 45. Cerebro Neuro-sanguineous: intellectual - agent & bookkeeper in large city, & etc. Has had a severe attack of Gout & was after some vexation of mind & exposure to a cold damp March day at an Auction Sale. has become hypochondriac, sleepless with sickness of stomach & pulse hard contracted & frequent. urine acid & red, with a point of pain on the inside of the left knee.

I gave ⅛ Nux Vomica Extract q 3 h. which removed the sickness of stomach. but the other gouty symptoms increased. He then took ℥i Vin Colch: with ℥ii Husband's Calc Magnes & drank pt ½ water with ℥i Potass Acet. q 4 h. and also the Gouty symptoms, red urine, pain in knee hard frequent pulse & sick stomach, sleeplessness & low spirits were greatly abated.

NB This case is in contrast with that of W J Gard. 70 yrs of the same prep Vin Colch. repeated three times excited fever & vomiting. This is a case of Asthenic neuralgic gout from indirect debility of over stimulation in the spring of the year. & urine pale bulky & acid 1012. The gouty pale nutty acid with deposit of urate & young & the Rheum. was the normal quality of the gouty generation

Asthenic Neuralgic Gout. from exposure to blow in which the Colch & Potash acts were injurious.

Case.

W. Goodwin aet 35. active nervous temperament very easily excited. ½ cockney person. His public life has lead him into the dissipation of spirits &c. After a prolonged exertion of the mind & sympathy of mind (very painful) the lumbar vertebrae & the muscles of the back were attacked with neuralgic gout. After the loins with weakness & tiredness of stomach. I gave him Colch & Potash but the symptoms were aggravated. I therefore the Urine examined by Dr J. Dunnage who handed me the following

Dear Sir

I examined the specimen of Urine — pale — bulky acid — with deposit of epithelial cells and spermatozoa. More albuminous than normal — indicating either a acute mucous membrane of the urinary passages or the existence of purulent matter in the blood which the epithelial cells of the kidney are endeavoring to remove — albumen probably unprovoked —

Molecular [illegible]

Yours sincerely

W. Ash J. Nichol — James —

Tyson's Ant. Pows No 1 & IV with only Sulph Morph & ¼ gr!! will remove the restlessness & sleeplessness of the evening exacerbation of epidemic fever. case.

Dr Fricke, on Thursday evening, mentioned the case of a lady who complained sadly of wakefulness from fever. He gave the above & induced a comfortable sleep.

—

Tyson's Ant. Pows is, according to my experience, more a febrifuge than any other form of Antimony. — After having for several years Anodyne saw powders in my lectures, I had them prepared for my practice by Mr Hoyson in 1856. Since which I've advantageously substituted them for the last ones. Drs Fricke, Wilstach, J. Dawson Lippincott, Roberts are now sticking close to it.

Truman, act. 22, single, a brick-maker by trade. When about 16 years of age had intermittent for one year, and about a year subsequent to this, he was attacked with convulsions (apparently epileptic) during which he is unconscious, falls & froms; has also rigid spasms, but during these is perfectly conscious, of what is going on. These appear to be unconnected with the convulsions. Was supposed to have been produced by Coup de Soleil. He presents the picture of perfect health, has a florid countenance, appetite good, bowels pretty regular, but full and resistant pulse of 96; pupils dilated. Diagnosis. Epileptic convulsions resulting from the intermittent.

Treatm. bleeding, purging & Donovan's solution. Aconite or Dig.

Sensorial Form of Scarlet Fever.

Case 2d.

Edith Seymore Lyons. aged 2 yrs. West Hartford School.

April 5th – my first visit – At rest on her right side in her cot apparently in a sweet infantile sleep. But this, the parents informed me was her alarmingly constant state and had been becoming increasingly so for some days, and on account of which I had been called in. On further examination, I found the skin pale but heated, the pulse contracted & 120 or 130 the tongue coated with a coat of white cadaverous chitine & hypernormally red at the edges & tip. the throat congested & tonsils swollen as in Scarlet fever. The child had been sick already seven days. Its sickness was ushered in with a chill, since which the head had daily morning & evening exacerbations.

The case had thus far been treated with daily calomel & oil purgings to relieve the liver from a supposed congested state. Every symptom was made referable to this.

I regarded the case that of scarlet fever with capillary congestion of the sensorium.

The purgative treatment was therefore discontinued: and a mustard plaster under an absorbent poultice covered with oilcloth was applied to

the abdomen & nate of the neck.

Ap: 6th/57. 5.0 M. The soporose state continues: but she can be roused to speak, and take food and at the request of grandmother puts out the tongue for the Doctor. I found it without the loaded white coat except here & there a few patches. The denuded surface of the tg was scarlet red, raw & with projecting papillae: as in scarlatina on the 8th day. The pulse was contracted & 120, skin dry & heated, conjunctiva of the eye lids congested & of scarlet colour.

Ap: 7/57. 5 0 M. 9th day. More soporose, pulse 120 & contracted more soporose, pupils permanently dilated & without doubt, she has become blind & likely deaf. I gently tickled the soles of the feet and thereby induced her to quickly draw up her limbs.

Ap 8/57 5.0 M. 10 day. soporose state increased: she has ceased to respond to the request of the mother to protrude the tg. & soles of the feet are insensible to the tickling movement of the finger. a feather twirled about and in the nostrils and ears does not disturb her: but she winces upon the application of a cold wet towel upon the feet: and quickly draws them up. The left eye ball tends to the strabismus position and the limbs of the left side are occasionally in choreic motion the arm quickly draws up & the leg more quickly draw down after being slowly drawn up. The arm, which is pale, stiffens without

coloring the diaper. There is occasionally gritting of the teeth. Pulse 120. & contracted

Ap. 9/57. 5 PM. 11th Day. Soporous state increased pulse 96. pupil dilated. arms & legs of less size more frequently jactitating: yet she takes food, breathing is normal & animal heat normal & circulation equalized.

Ap 10/57. 5 PM. 12 Day. more soporous, yet no evidence that the cerebrum is the seat of the brain disease This as a localizing of the capillary congestion is at the base in the membranes of the Medulla or sensorium and implicates, not the mind but the chiastallic system. The case is like that of Dr Chambel in chart: The jactitations are more frequent & violent, the pupils are more permanently dilated, pulse small & more frequent. I fear an effusion of serum at the base of the brain.

Rx. Head shaved: Blister to the occiput & neck & the body rubbed in camphor Mercurial ointment. & ~~alum~~ lobelia & mustard tea as ordered.

Ap. 11/57 5 PM. 13th Day. all the symptoms increased & especially the increased frequency of the pulse. Rx. the blister drawn well - the Mercurial ointment removed. NB. The grandmother, Mrs Hayde on removing the Mercurial ointment by washing the limb with the hand found, that the patient to cry Nana! Nana!. This when the

same the way in health accustomed to give her grandmother. Here then in the midst of this unmodified scarlet fever state – the condition of the sensorium, ~~the c~~ with blindness, deafness, deafness & loss of smell, the cerebrum becomes active & the force induced by the perception of her grandmother hand & moves in the act of washing her body.

Ap 12/57. 5 PM. 14 day. The gactation with spitting of teeth increased and death occurred at 11 AM.

NB. This sensorial form of Scarlet-Fever is not to be confounded with the cervical form in which with pus formation in the subcutaneous cellular tissue & cervical glands there exists, without cerebral congestion of the brain membranes there are manifest a predominance of brain sympathies. So much so that the case is considered brain disease. as in the mother of J. S. Childs in Cherry above 7th St. Dr Wallbach's case in Brandywine St. Spring Garden. Rot. Keys, Dr Sandy Childs case – Mr. Ke – & Dr Tilton's case in 1857 Ap. 13.

Samuel Snodgrass aged 21 5' 9 Green 85.
Sale, slender pale-tallow-faced. strumous-his father. soft flesh tender eyes clear & strong pulse with small pox-atomic-
At 5 yrs of age he had a severe attack of scarlet fever. which left cold abscess of the cervical glands: And continued delicate thro' the 1st climacteric. From 8 to 15 yrs he moderately thrives. But the development of the reproductive organs in the third climacteric with smoky d-- & some spreing established a dilatation of the left ventricle of the heart which doubtless had a precedent deposit of fibrin on the valves for the scarlet fever of his 15th year.
At the close of the third climacteric June 15th/57.
He was attacked with an febrile gastro cephalic-rheumatic fever.
It began with spontaneous nausea & retching when a ~~sick~~ empty stomach ~~with~~ wandering headache & accompanied with chills & febrile debility of stomach with cold sk & clammy wrists & hands-& glassy pulsations

I administered ℥ss. lemon juice post-q. 3 h. & ordered him 4 chlorodyne, or ℥ss of Lemon Whey q. 3 h.

This arrested the vomiting but left the heart continued & there constant tympanites with great weakness & pulse frequent & jerking from the heart disease.

~~I~~ To divert from the nutritive tissues the heart organic & prevent of metastasis from the small to heart. I applied blisters to the limbs.

This removed tympanites & heart & the case advanced regularly as an ordinary fever!

-/ 21

Treatment of Gon:

℞ Tinct: Kalmiæ ʒ ii
aq: Lauro Cerasi: ʒ iv
M ⊥ x drops in ℥ ss of sweetened water every 3 hours on an empty stomach.

When admissible

℞ Cubebs ʒ i to ʒ i ss
Opii pur: gr 1/16 M. bol. every 3 hours & use also injection of

℞ Oxyd Zinc gr ii
aq Rosæ ʒ j M.

Habitual vertigo & swoonings in W. McKinney aged 4 yrs. removed by changing adult table diet to chiefly four of Bread & milk & milk & potatoes. Sept: 10/57.

The 3 indications in Remittent Fever

1st. Remove gastro-duodeno hepatic contents by calomel & blue pill

2d. Arrest the augmenting exacerbation by Sulph Quinin.

3d. Remove congestion of portal system by blue pill gr 1/16 & Aloes gr i pills to promote laxative discharges above.

as illustrated by case of W. Odenheimer Sept 1/57. lasting 4 weeks.

Tetter on the back of the hands
cured in Mr Overton's case Wood & S. 1857

℞. Nit: Argent gr v
Lugoli Iod: ount ʒß
Glycerine ʒß
Sulph: Morph gr x M. apply to the hands

Ol: Terebth ℥iv. & ʒh changes the dry hands
of Mary S. Home to a soft moist G. &
with the symptoms of the case been better

Crepitation of the lung.

This I have noticed to exist at the expiration and not at the inspiration.

Case 1st J. McInnis aged fifty, lime burner had since the death of his wife a dyspepsia from inervation. A visit of two weeks at Atlantic City in midwinter, at my advice, restored his spirits and digestive powers. During the subsequent spring he was attacked with the bronchial form of influenza which was removed by Tyson antimonial powder followed with sulphate of quinine and morphia. He is now in Oct. of the same year 1857 attacked with an asmathic form of influenza. Upon osculating the dorsal regions

of the chest and discovered in the inspiration tubular sounds connected with respiratory murmur without crepitance. But the expiration was crepitant — crepitancy, in this case, was exclusively confined to the expiration whilst the inspiration was descitite. N.B. I have noticed that in other cases the crepitancy was, on the contrary, confined to the inspiration. And again in still other cases I discovered crepitancy in both inspiration and expiration. These circumstances of crepitancy have not I believe been hitherto observed. The question arises on what do they depend

Scarlatina Intraversa.

Case 1st. A German child of two years of age a patient of Dr. Fricke Oct. 17th 1857 has now on the 8th day of its attack profuse papilæ slightly desquamating with some remains of peeling off Cyphemia, This erythemato papulus eruption is of three days standing previous to which it had for four days been most alarmingly attacked with obstinate vomiting and profuse bowel complaint and daily attack of convulsions being doubtless agravations of the rigor of chills N. B. An older brother had but recently died of a similar form of disease, the Dr. Fricke gave in second case Quinine and thereby overcame the danger of the case.

Cornelia Skinner aged 25 Cerebro Arteri-
al temprament. brilliant black eye in in-
fancy afflicted with severe attack of
Scarlatina in which her father Dr.
Skinner administered the nitrate of
silver to the extent of discoloring her
skin. For the last two years she had
been dyspeptic, her life has been
that of independent mental efforts
for self support. For last years has
been spent as a governess in the
South. Last June (1857) she was cal-
led to take charge of a select school
in Mississippi, On arrival after a fa-
tiguing journey she was vexed and
disappointed at the undesireblenese
and unjust task to be imposed upon
her, and declined the contract. These
depressing matters and fatiguing jour-
ney was followed on the 15th with
what she calls a bilious diarrhea which
lasted, at its onset she took succes-
sively during the night four teaspoon
full of paregoric but without relief.
In the morning she sent for Dr.
Fergurson who by means of calomel

Ipecac and opium brought on bilious discharges,
This attack which lasted ten days was followed by constipation, for which without advice she took in the course of two weeks fifty grains of blue mass. This was followed with an attack of dyspepsia so that her food passed undigested. On the
On the 27th of August she was attacked for 3 hours with a profuse and alarming uterine hæmorrhage attended with a peculiar and extreme tonic contraction of the pen-bo-perineal muscles accompanied also with similar contractions of the muscles of the fore-arms and legs attended with general cold and numbness.
This condition was relieved by half ounce of the tincture of illyrium. She had two such attacks of 4 days interval between 27th and 31st of said August.
On the 2nd of September at 8 P.M she was attacked with pen-bo-perineal contraction in connection with exalted perception of hearing hallucination and double individu

ality which lasted six hours. The passing off of this was immediately followed with extreme prostration in connection with the above mentioned contractions of muscles.
It has resulted in a want of will over the pelvic muscles giving her the strange sensation of having no lower limbs, yet she has power of will over the hip knee and ancle joint, and those of the toes. In addition to these symptoms we may add the right arm has no dermal sensation and may be pinched with impunity the firmest grasp but if the finger be drawn gently over it provokes horror and contraction of the muscles. There exists also the most exalted spinal irritation of the neck and back and coccyx.
N.B. The case recalls those of Miss Seckel, Sarah Haverstick, William Newbold. Mr Meyrick. & I Snoozy pure
Mrs Mc Calla - Mrs S pure Temperance Practitioner
or Wilbur's Case & chemistry of Lobel deceased &
Thirsty - ~~[illegible]~~ alternately, Dr Tuke Case -
Elizabeth Ray 20yr extreme sensitiveness of spinal string
mental Disorder. Sensible personally, talks of nervous
[illegible] persons.

℞. Aq. Asphaltum [illegible] — [illegible]
& Pulv. Cicutæ & Dig. Camphoratæ
aa of Gummi Ext.

℞ Ext. Cicutæ ʒi dm. g. ii
aq. Lauro Cerasi ~~ʒiss~~ ~~ʒiss~~ Laudan ʒi.
M ~~aq. Asphalt ʒiss~~ Ft.
~~M.~~ ʒi. q. t. h.

D. Millbank can carry Ammonia Ferrum
inv. to Mrs. Lancaster

Marked to Mamma

She arrived in Philadelphia Oct. 18th 1857. to be under my medical care, I visited her for the first time at 2 P.M, and found her with the ordinary appearance of a person in health full of spirits, good appetite, respiration and deglutition perfectly normal, but was informed that she could not stand erect, nor walk except for a very short and distance, Towards evening I again visited her and found that the servicle and dorsal vertebra could not be pressed upon without pain and that moderate percussion was intolerable

Oct. 19th She had some sleep during the night. I found this morning in a peculiar state, consisting of an abnormal exaltation and acuteness of hearing ordinary sounds, produced exaggerated and painful impressions upon the ear. On taking out my watch to count her pulse she started off, raised her hands staring with a brilliant and wild eye, and exclaimed O take that watch away I can't stand it, it sounds so painfully loud, A carriage rode by and again started and exclaimed O thats thunder does it rain! I clapped my hands, she started, looked wildly, O dont! I can't bear that, you have shot me The same exaggeration of sight occasionally exists, when a spark has the magnitude of sun. She also is under constant hallucinations and has also double individualities, I pinched the skin of the right arm with impunity and so also grasped it severely, but the slightest move

over the skin of the hand caused painful contraction of the muscles of the arm, enclosure of the hand, as under galvanism. This morbid condition of the cerebrum continued throughout that day and the subsequent night during which she had not a particle of sleep, but constantly talking very witty and intellectual and pert, demandatory and commanding.

Oct: 20th 9½ A.M. She has now returned to her natural state of mind without the contraction of the muscles, and so she has continued through the day. She called my attention to an abdominal pain, which has existed for a length of time, which I found to be in the locality of the right ovary.

N.B. This pain, the leucorrhœa and the spinal irritation incline me to regard the whole case as originating in the reproductive system and to be regarded as one of proteus forms of Hysteria. I have therefore determined to

begin the treatment with Squire's Fluid extract Ergot in order to remove a chronic glucorrhœi, this symptom and tenderness of the spine she has suffered under for several years.

21st 9 A.M. She has passed a comfortable night, both category of symptoms that from disturbed sensorium and that from spinal chord are absent, her muscles are in a normal state, and there is no exaltation of the senses of sight of hearing. Her pulse is normal but she has neither disposition nor capability to stand or walk, the spinal chord is intolerant of the most moderate percussion of the spine. I made a careful percussion of the six abdominal regions and found that the three lowest were peculiarly sensitive, especially the hypogastric and lestilac, and of these the acutely sensitive spot and extremly intolerant to any percussion was over the left ovary. Collodion was prescribed

for the spine, and a mustard plaster for the left iliac region. The urine of the morning was only of a 1007. 111. s.p. and of a light, indicating an hysterical condition.

N.B. Hysteria like influenza is multiform comprehending mild simple, harmless cases and those of different degrees of complication and danger and protracted duration.

22nd. 9. P.M. She has passed a pleasant night but this morning feels excited, averse to conversation and company, and anxious for Ether. The mustard plaster relieved somewhat the pain of the left Iliac region. She continues the use of Squire's Fluid Ex: of Ergot.

6. P.M. The after part of the day has been comfortable.

Oct: 23rd. I am disposed to regard the cause to be psychological, rather than uterine, have reccommended Collodion broadly down the spine, a mustard plaster over the left Iliac region.

Oct: 24th. Passed a comfortable

night.

Oct: 25th Passed a comfortable night, a new symptom of micturition. The Collodion enables her to turn and rest upon her spine and renders it evidently less irritable, the mustard has also somewhat relieved the spot of toothache pain presumed by me in accordance with Tilt's notion to be owing to an irritation and congestion of the left ovary which however may be merely notional. She is doing

Oct: 26th Monday. She is doing somewhat better, She passed a comfortable night unaffected by a prevailing cold North East storm. The micturition which continues may be by be owing to the use of the Fluid Ex: of Ergot.

N. B. Upon careful examination I am satisfied that there is not as feared by Dr. Skinner a retroversii nor is there ulceration nor any other lesion the Os-tinsi. On the contrary the Os-tinsi is hard

and contracted, the neck is long narrow and firm, and the fundus uteri is in bulk under size, pressure frequently and in various ways upon it gave not the slightest uneasiness, its position was high up upon the sacral region, the only pain which I could produce was by vaginal pressure upon about the middle of the sacrum I made pressure also externally upon the same portion of the sacrum and it also equally painful above the sacrum was not painful nor below, nor was there pain on the bones the coccyx I pressed also the lumber of the vertebra without producing pain and so also some of the lower dorsal vertebra, but the slightest pressure upon the upper seven of the vertebra was intolerable and so also the lower cervical vertebra.

N. B. I am disposed to regard the disease of a neuralgic character

Oct 27. Tuesday. idem.

Oct 28. Wednesday. idem. urin. 2 qts: pale.

Oct 29. Thursday. extreme mental activity & extreme excitement of the emotions. Fulness of wit, punning & sarcasm & ridiculous & disrespect & selfpride. Putting the end of the forefinger together. She demanded pertly. ~~What~~ is of me her Uncle Physician. What is Rest? Don't you know? Mathematically what is Rest. I answer, a triangle. Stuff! It's an angle. Don't you know better? Rest, a triangle extending a thousand miles nearly. But what Rev. say say quickly Don't be so slow. I answer an insolent heart. Then you are semi-something! Uncle also the Devil's Pupil will go to Heaven. Work Rev. J. is a hard drinker. but he has Devil's Pupil there. Say Stan also the Devil's Pupil get to heaven! Wait Rev. I answer that there be a difference of opinion. Ah! a difference of opinion — pinion — one duck with two ~~wings~~ pinions & one duck only one pinion — The only a difference of pinions. NB I unhesitatingly pronounced the word opinion using pinion & she pounced pertly on the word pinion. & so, laying about the bush with a sharp bite eye she pounces down the entire day, commanding & demanding.

Oct 30 Friday. after a day of assistance & mistake she has some rest during the night & to day is exhausted & lacklustre & evinces extreme impression. I found her lying on her left side near lower back eyes fixed & no disposition to speak to me. & so the prayer the day.

Oct 31. Saturday - During the morning she has been quiet & intelligent & like herself but I have found that she, owing to some room for conversing in the room below has been most excitable & at the church the day again with ~~[illegible]~~ distinct smoking crying & disturbance & has taken an aversion to Sister. Mother. and wishes to have another place to be in.

I fear that she, becoming unconscious & that she needs the cold douche. & then Hot bed treatment.

I am determined when the Lady & Circular

Oct 31 Saturday. Menst: dark. small clots & gravels much mental excitement.

Nov 1st Sabbath. State mental excitement

No 2 - Menses Exhausted, very exhausted - so tired! wish me to work. have the least more excite her.

No 3 - 4 y. She has been better. after a severe rebuke from me.

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Dec 1/57 She has now been about 7 weeks under treatment and is now without cramps - double headaches extreme spinal irritation, low back pain in left side region - & shooting of sleeplessness & lassitude - & has been under the use of Thus ext Ergot: Arn Vin Ol Ergot: & Ext Cicuta to 38 grs daily & now for ulcerating the feels a peculiar tightness of her & peculiar feeling in the throat -

I regard the cause chiefly Psychological - extreme emotion, disappointment & perplexity. added to a spine of long hysteria -

Epidemic Croup.

There are two kinds of Epidemic Croup first, capillary congestion of the lining of the larynx with spasm of the muscles of the larynx, and transudation Serum into the binding cellular tissue. The closure of the rymoglottis is owing to both muscular spasm and tumefaction of the mucous membrane from serotransudation.

Case No 1. John Odenheimer Jr. aet 16 months was attacked suddenly on the 24th of October 8 P.M. with suffocation, blueness, deep hoarse inspiration & a dog barking expiration. Dr Keating administered Moschus: I found him relieved of the suffocation the next morning but with the other Croupy symptoms & a contracted frequent pulse morning & evening exacerbations & an erythema.

Second. capillary congestion with sero fibrous transudation causing membranous croup - but the case associated with exanthematous fever.

Case 1: Mary Hendy aet 3 yrs. a hoarse inspiration & barking expiration with suffocation - embarrassed breathing - & after 2 days coughing the formation of membrane

Quinine & Morphia in Exanthematic Fever

After meeting the special indications of capillary congestion by Sulph. Zinc. Theca & Tartar Ant & Pow and the contracted pulse is thereby overcome. The essential fever is best treated by Sulph Quinine & morphia. Does not arrest & treat the 28 day fever Case 1: Stockton Baby has the ordinary Exanthematous catarrh which was treated with Sulph Zinc. Theca & Tartar Ant & Pow. The special symptoms were removed. The essential fever continued. I ordered Sulph Quin & Sulph Morph gr ¼ Mist pil x. one to be given 2 hrs. I saw him at 10 M & to my delight I found the pulse slow & full & he expressed his satisfaction of being stronger

Case 2. Infant son of C. Pierce Esq Brooks 5 weeks old was attacked with catarrh fever for which I had given on the 7 Nov/57 Sulph Zinc gr ½ Pul Theca gr III M at 8 PM. which vomited & relieved the cerebral symptoms. At 6 AM I administered Tartar Ant B. gr ½. ~~The next day at~~ At 8 AM he was attacked with an extreme depression blueness of eyelids & hands & colds & convulsive sighs. This passed off & gave place to a fever with a contracted pulse of 144 & cough & shortness of breath & watery diarrhea. Under the impression that this essential fever might be arrested or at least that its depression prevented I had administered the next morning at 2 o'clk gr ½ of Sulph Quin every hour

for 8 hours. I saw the patient at 9 A.M. with a bad cough
few. pulse full & reg 108. & Salivation. Rest was disturbed
was hot & thirsty. Ordered. The day passed without
heat of skin. & with only an increase of pulse to 120.
The 8th was much better. 9th continued better. There is cough
but only slight afternoon exacerbation.

Case 3rd. Mrs Little. aet. aged 2 yrs. has had
severe catarrh fever. Cough most severe at night
with high fever. Rx ½ gr. quinine 8 h. for 2 doses & 10 doses
& the chest was then only a moderate cough
& pulse fell to 84. Rx Tepid sponging for the afternoon
& relief. Better quinine at 2 doses

Case 4. Ann J. aged 3 yrs at S. Home. a crude
catarrh with fever & contracted pulse & hot skin
& ½ grain at 2. doses & 10 doses. The next day &
after day moderate cough & pulse reduced &
skin cool.

Case 5. E. D. & Carrott. has the onset of
influenza. Rx 2 doses gr 1 2 doses & 10 doses &
pulse reduced to 72. & skin cool.

Gastro-Bronchial Influenza aggravating a chronic enlargement of the heart from arthritic Rheumatism & resulting in Death

Case 1st Mrs G. M. Watson Pine St. South Camden age 37 yrs. Nov. 12th 1857. visit at 5 PM

Constant nausea & vomiting without ingesta, extreme tumultuous palpitation of the heart even to lifting the sternum, cardiac dyspnoea, slight bluing of lips pulse extremely irregular auscultation of chest discovers no abnormal sounds but great rust of the vesicles in the lower lobe.

History of the case. In her 18th year, she took cold fever and rheumatism in the joints which produced palpitation of heart. ~~A few years after, she was exposed~~ This was caused by sleeping in March in new house before the plastering & the rooms was dry.

A few years after, she was again attacked with the same followed with palpitation from exposure in S and at fish distributing on the wharf. On the March of a subsequent year she, from the same kind of exposure to cold damp had a third attack.

After this she married and gave birth to 3 children and has three additional attacks, this time it has established an enlargement of heart which under an attack of Gastro bronchial influenza ~~rheumatic~~ blue death hand & death of 2d day.

History of my visits. On the 12th Nov. '57. I found her under nausea & vomiting which aggravated the palpitations. This was mitigated by Lemon juice & mustard plaster. On the 13th I found that she had a very restless night from febrile exacerbation. On the 14th the gastric disturbance moderated, the urine became loaded with the traits of ammonia. and the febrile exacerbations more manifest.
On the 15th symptoms moderated
On the 16 the stomach without rejection, some appetite: but her sleep disturbed by frequent coughing
On the 17th cough increased. On auscultation I found crepitating extension & dullness down the dorsal parts of both lungs.
On the 18. 19. & 20. the hands became cold, & actually livid. & finally on the 21st they were of a livid purple & clammy & cold & very slow circulation in the capillaries which ensued in death at 11 AM.

Gastric Influenza.

Case 1. Grace Beat Jos: Harrison Nov. 21/57.
She complains of constant nausea, belching & vomiting. Her pulse is contracted & frequent, skin heated. At first carelessly regarding the dyspepsia. I order: Creosote & lime-water & Brandy Bread. On the 23rd she calls at my office & complains of much distress from the creosote & lime-water & pulse 92. Left Nux Vomica 1/8 after meals.
I now perceives that she was a case of Gastric Influenza & order: Mustard plaster & Barley water.
I saw her on the 24th & found her better. I then prescribed qd 1/2 pint of Quinine gtt. for 12 mo. On the 27th I found that she is well. I requested a repetition of the Quinine & the Sodium mixt.

Gastric Influenza

Case 2. J. J. Mason. Nov 12/57. After an attack of his accustomed sick headache he had 2mo for some days a constant sickness & bad taste & coated of white eyes. After two aperient remedies an emetic.

Gastric Influenza

Case 3. Mrs D. has constant headache & thirst without the accompanying gastric case.

Gastric sensorial Influenza in Tubercular Meningitis.

Case 1. Caroline Vanhorn aet 4½ was attacked with vomiting and pain preceded & contended & associated with tetanic convulsions and was ill for 4 days after the symptoms became modified.

NB The gastric Influenza which appeared in Feb, & May in G. W. McCallum & Same Snodgrass has now reappeared in the case of Caroline Vanhorn, J. J. Mazer Geo. O'Bat Mrs & Treatment in Lemon juice 3ss & 3h. Lemon whey. & Quinine in the convalescence. 5 pens from 12 m. to 9 Ah 12m. 9 Ah.

Autopsy of Caroline Vanhorn, Dec. 1/57.
The scalp was detached from cranium with great ease & almost bloodless. The cranium also easily separated without much blood. The Dura Mater easily separated.
The surface of the cerebrum was perfectly normal with a liberal congestion of the veins. But without a vestige of capillary congestion and therefore in this, a perfect contrast to the autopsy of J. Kennedy's child in 8th & Arch. & Potter case) in which without post a fine Rose tint universally over both hemispheres a fine capillary congestion. & also in contrast with Wolfbank's case in 10th Lower in which the entire surface under the arachnoid was having covered with pus

The base of the brain was then detached & removed with the rest of the spinal cord. ℥iss of serum was left in the base of the skull. This is the 1st abnormal appearance.

The pia mater over the cerebrum & much lobes & over the cerebellum & over the Pons Varolii & medulla oblongata & the quadrigemina ~~were~~ was covered with congested arborescent vessels from which the blood was easily removed by the mere touch of the scalpel handle: But be sure that removable arborescent congestion there were numerous & scattered patches of uniform injection which was not so easily of course removed. The ordinary glass covers only detected red patchy of veins - neither arteries nor yet satisfactorily reticular. Nevertheless were they not capillary congestion for disease - be they fever or Phlegmasia.

Besides these phenomena there were patches of opaque shades colour matter - which we presume to be transverse fibrin. Be this as it may it was especially abundant over the quadrigemina & pons varolii & medulla oblongata. P

Beyond this deposit. There was - here & there on these parts of the sensorium separate spherules & yet more of them in the form of reticulum. These are called tubercles & on these premises the disease is called Tubercular Meningitis

These separate minute granules under the microscope appear as black & transluscent molecules enclosed in a circular line thus (⊙). This is a nucleus containing molecules. This is the so called tubercle.

But the opaque patches were also subjected to the microscope. A portion of one of them was then observed to be the same as the separate minute granules by black & transluscent molecules enclosed in a circular line thus (⊙) This also is a tubercle.

Now this opaque patch is allowed by also to be transversed of fibrine. Then there is the cytoblast of the nucleus — an imperfect cell —

But the transverse fibrine is from carbonic acid & therefore the nucleus is an effect & not a cause of disease.

These separate tubercles are then the vehicle to cause this fatal disease & it has separate thus 17 days — the variety & exacerbation & letargic convulsions & life of the lungs.

Tubercles did not excite an inflammation which cause transversal of fibrine & serum but was the cause of the fibrine as its matrix.

NB. There was also serous transversal in the vesicles.

I revert therefore to the bolting dust —

23. Caroline Van-horn was attacked with a gastric ~~cat~~ sensorial Influenza.

At first the chief ~~th~~ some weeks back complained of her head & had a peculiar snuffing & of rubbing the nostrils.

For these symptoms the mother brought the child (age 7) to my office under the idea that she had worms. On the 11th Nov. '57. I disregarded the notion of worms & prescribed pabulum. She visited me on the 12th & as being better. No more visits to office. But on the 17th they sent for to visit her. ~~by~~ She was suddenly attacked with vomiting & pain in the forehead & an increase of the snuffing & rubbing of the nose.

I regarded the case ~~as~~ one of chronic catarrh of the frontal sinuses with ~~an~~ an attack of gastric influenza & regarded the aggravation of the nose & head as ~~only~~ owing to the febrile attack. I prescribed lemon-juice which relieved the vomiting but the nose & head spasm continued. I therefore prescribed quinine for 12 hours & found the pulse then re-elevated & frequent: But soon after ~~an~~ spasm at the attack of passing water. So much so that our attention was directed to the bladder. I examined the urethra but found no redness nor swelling as in Maria Otterbeine. Then spasm became more frequent & attack became lethargic & spoke rhodomontade & so day after day notwithstanding blisters to occiput & temples &c. & consulted with Dr Wilbert & Dr J. Darnall

The case became fatal Nov. 30/57. – 19 days after 1st vert. & 13 days after the vomiting & fever.

The Cases associated with

Infant of J. Chambers. – see 1 of the book — Cum. 268 Indian 13
" " J. Lyons — page 118. " " — Harp. 59 Mr Pearl
" " J. Buckelow. — Cum. 57 " Abbs 103
" " G. W. Blight.
" " J. Russell 8 & Mrs & Palmer pots
" " 10 & Local & Wilkins pers
" — 8 & Albert. – Dr Beasley case.
" " Eliz. J. –
" " W. Hens – & Jane Ludlow, recov –

NB. The so called tubercles are nuclei – imperfect cells – abortive – ~~of~~ from the fibrine transuded from congested capillaries of Typhoid fever. They are effects & not causes of the existing disease. This is not a primary lesion of Phlegmon from the irritation of tubercles but ~~the~~ an fever with capillary congestion.

But yet if so how do I account for the precedent pain in the forehead & the stuffing & redness of the nose: Blight's. Eliz. ~~B~~ cases were not from the Typhoid fever. Buckelow's was likely a regular eruption. Lyons was a scrofulous case. Therefore Blight was ~~first~~ rigid, of left leg & chronic hypochondria. Buckelow was a scrofulous case –

Russell was violent Phthisis Consumption – & calomel & tartar emetic & blister & &c

Rx. Typhoid & Vs. & cups & blist for special indications & quinine & morphia for general indication

Benefit of Quinine & Milk in the apyrexial period for 12 mos in Pneumonic form of Influenza — in combination with Typhus —

Mrs Culbert aged 40 yrs strumous. for some years liable to chronic bronchial attacks. was doing well under the use of Quinine & iron. when suddenly on the 28th Nov 87 she was attacked with chills & pain in the chest & left shoulder & side of the neck which was followed with a continued fever of a typhoidal degree of fever & dry painful cough & short inspirations & quick pulse as in pneumonia. skin dry & hot & urine dark & in small quantity.

Years back I should have regarded the case as Pneumonia & would have combated this & has recovered but now I regard the case as Bronchial Rheumatic Influenza of a typhoidal degree of fever & to be regarded under two indications by

specially by Typhus Act & to reduce the local cerebral congestion of the brain & general by Quinine & Opium to arrest or moderate the exacerbation. I therefore gave Typhus Act Pond on the 28th & 1/1 q 3 h. on the 29th I found the patient not much changed. I therefore repeated the Typhus & added Quin. gr ij Sulph morph. 10 m/4 q h from 12 noon to 10 Pm. 30th I saw on the 30th at 11 Am & found the pulse of 120 reduced to 84. sweating the skin moist

& the chest symptoms are relieved.
I am more than ever pleased with the use of the
quinia & morphia at this advanced period of the
inflammation & effusion of the lungs —
Dec. 3rd. 11 A.M. the alternate lesser febrile days, pulse 96
& larger countenance improved by depression of spirits &
body sensible pt 1 & ¼ & has no more urine of lemon but is off a
slightly tinted beneath cork. Mr Salmon visited & gave
at 12 noon the Lemon Dr. 1 gr 11 & h.

150

Fungoid Hematoides of the uterus with Cachexia & dyspeptic symptoms of long duration mistaken for Cancer of the Stomach.

Mrs Cath. McCammon wife of D. C. McCammon. aet 45 yrs. Pine below 6th St. One of the fullest sized women cerebro-spinal system nobly developed - but she & mother & sisters disposed to fat-formation. None of the family have colon. rather of the taller face type.

She enjoy good healthy apparently until last March. It was then she was afflicted with dyspeptic symptoms. Dr Wallace, her physician ~~had been to~~ advised her to visit the mountains but she was induced to spend the heat of summer at the Atlantic city.

I there saw her and was called to attend her. She was pale, conjunctiva of eyelids exsanguinous and all her symptoms were dyspeptic.

On the 22d Nov. I was called in consultation with Dr Wallace I noticed a sadly pained change - emaciated and to the pale face & exsanguinous eyelids there was a shade of yellowish yellowish, and vertical & numerous wrinkles of the lids and eructations & belching, and extreme weakness. To this interview.

What was the cause. The face indicated the cachexia of Cancer. & the constant dyspepsia induced us to say, Cancer of the Stomach

But there was no positive amaurosis, vomiting, pain, haematemesis, no tumor, yet she was the cancerous cachexia.

She died on the 30th Nov: after sickness of 19 months.

Autopsy. 2/3 inch of yellow fat of the integuments. The omentum loaded with fat.

Liver 1/3 larger than normal, of a pale yellow, downy and fatty.

The stomach was flabby, the cardiac pouch was translucent, the pylorus was thick, but no cancer effusion.

The bowels, kidneys & spleen are healthy.

But the pelvic cavity was filled with an enlarged uterus - 4 inch in diameter. On the right side of the enlarged fundus there was discovered a mottled bloody lump of an inch diameter. On looking at it I found it soft & easily removed as a soft mass from the ruptured surface of the fundus. They proved to be a portion of a fungus haematodes. I then introduced my finger into the orifice of the ruptured fundus of the uterus & discovered the entire substance of the uterus converted into a mass of fungus haematodes.

NB. Here there is an instance in which disease may be in one part of the body & yet also the symptoms are elsewhere.

153. Functional Disease of Heart with Bronchitis & Pneumonia chronic disease.

Merritt Ballance of Lancaster Co. aet 21 yrs 6 ft 4 in. pale & mottled lips. cool red purple & shiny capillary of the hands - a deep racking cough which though there was ulceration of the larynx. a dry racking cough & rare paroxysm provoked a white frothy expectoration. Pulse very frequent & irregular.

I at first regarded it as a hopeless case of Tuberculous consumption: But on examination I discovered the metallic tinkle of the heart & the irregular pulse & there began the normal limits. I detected also crepitation in the posterior parts of both the lobes of both lungs - & I must say I saw a mucous rale in the upper lobe of the left lung & so in a lesser degree of the right.

These ideas obtained me from the above examination

1st Functional disease of heart from development of the respiratory system

2: ~~Bi~~ Chronic Bronchitis chiefly of the both lungs.

3. Purulent stage of chronic Bronchitis Pneumonia of the upper lobe of the left lung & also of the right.

I regard the cause as sequelæ of Measles
influenza — influence of reproductive system.
~~The the~~
The prognosis is an aggravated one
for attack of influenza — To this end directed
the protection of the skin by cotton & wool cloth
& a general element. Say Hunyadi Wilkinsburg
mineral water at for 5 2/10. what can be
received in few days by Rail road & Steamer &
the by river steamer. Then to remain after leaving
of work & the long spring.
2d: Iron. 3. Cod liver oil. 4. Nitrogen pow. —

After a careful examination at 8 AM & 3 PM. Said
for two weeks of your patient Mr. B — almost
daily auscultation, microscopic & chemical analysis of
his urine, and effecting use of several medicines
I may venture to say that there is no
Tubercles in the lungs.
But that the disease is a disease of three
elements.
1st. Functional disease of the heart from the effect
of the reproductive system & measles
2d. Chronic Bronchial disease from influenza
3. The purulent state of both and ulcer of
Bronchial Pneumonia in the upper lobe of the left
lung.
Prognosis is ~~dea~~ a fatal aggravation of this complicated

disease of damp the coming cold & damp of Winter & Spring he has attacks of influenza or of the French Thing has become asphyxiated by being confined to a heated room. If, on the contrary, he enjoy out door exercise with longer & more frequent in a genial climate so that he may a rich blood to heal the wasted lungs & restore the reproductive system, then he may safely hope to find him with a nest egg with the resting benefits of the Climate of Florida.

Meteorism in Gastric Influenza from improper treating & purging. successfully treated with Amm. Enema Salts Quin. & Rebel & Stimulants.

William Harrison aged 15 years. Nov. 1857 was attacked with gastric influenza, for which he was incautiously vomited and purged. The treatment ought to have been a mustard plaster and absorbent to the epigastrian, and abdomen and quinine during the apyrexial period from 12 midnight to 10 A.M. with entire abstinence from food, in order that the capillaries of the mucous membrane of the stomach might be relieved of their congestion and that the diurnal exacerbations of the essential fever might be reduced and thereby sensation augmented and strength measurably restored.

The aggravating treatment produced meteorism and its associated symptoms, nevertheless the child recovered, sufficiently to be about.

A few weeks after he was ex

posed to damp and cold, and was indulged in improper food and consequently suffered a meteorism with extreme pain with a contracted pulse of 160. The pain was so extreme and constant day and night, and the meteorism became so intense that serious apprehensions were entertained of the issue of the case. Being called in consultation I prescribed the mustard plaster and absorbent poultice and an injection of the solution of Morphia ¼ of a grain to be repeated if necessary to remove the prominent and aggravating symptom of pain. The

The next day he found the pain removed and that he had some sleep, which owing to the pain he had been deprived the three previous nights. The next indication was to arrest the febrile tendency, this was affected by administering quinine & morphia after the apyrexial period at 12 midnight.

Under this revulsive and febrifuge and anodyne treatment the pain was entirely removed the pulse from reduced from 118 to 96 and the meteorism gradually subsided. He had had with the above symptoms severe and frequent vomitings, which resulted in anorexia. But now these also ceased and gave place to return of appetite, cheerfulness and good nature.

N. B. During the extreme meteorism the respiratory murmur could be distinctly heard by applying the ear to the abdomen whilst at the same time there were no gurgling intestinal sounds, but with the reduction of the meteorism the respiratory cease to be heard and the true intestinal sounds restored

159

Bronchial form of Endemic fever - ushered in with neuralgic pheno. of the muscl. of the shoulder & neck.

Mrs Culbert aet 40 yrs shimmer - chronic bronchial disease which for years has been annually excited by influenza during the winter & arrested annually in its progress by 2 & 3 weeks rest & the sea shore.

On the 29th Nov. 1857, 8th year Dr, she was suddenly attacked with a chill & then with fever, severe neuralgic pain about the left shoulder & along the neck & back evidently in the locality of the trapezius muscle of the left side - (respiratory muscle!). and a severe painful stitch in the left side with cough which caused an arrest of expiration. The next order following a pneumonia.

The pulse very constant & 130. Skin hot & dry. She passed a wakeful night moaning from the pain in the shoulder - neck & side & ~~cough~~ aggravated.

This case became a bronchial form of Endemic fever in which the 14th. 21st & 28th days presented a deficient of uric acid commence in the urine.

161. Glycerine adulterated with lead & causing dry colic.

Case 1.

Alex: Dougherty aged 30. subject to occasional haemorrhage of the lungs under my direction took the Glycerine for some days and thereby benefited. But a subsequent portion of the medicine he obtained at another shop which after taking a few doses produced lead colic. The fact was made known to Mr Ellis who stated that some of the Glycerine which Cadbury has lead in it.

Urate of Ammonia.

This is found in the urine under the following circumstances.

1st. In certain forms of Dyspepsia.
2nd. " the critical days of Epidemic fevers
3 " " diseases of the heart.
4 " " amenorrhoea.

NB. In Mrs Allebrough's case called while below 9° the urate of ammonia was associated with a urine which quickly became of a ruby colour & vegetation soon formed on the surface.
This is owing to bacteria and bacillus formed & the urine deeply reddens litmus.

Abortion of 6 weeks from chill of Influenza & bathing

Mrs J. B. C. aged 26 yr. a birth, abortion, birth - and now a second abortion.

She terminated her last menstruation on the 10th Nov. 57 and after protracted walk and a chill & a day of an influenza she aborted on the 18th of Jany 1858. 69 days = 9 weeks & 6 days. The abortion is of the size of a chestnut. & presumed the fetus of 6 weeks -

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Cephalic & clinic form of Influenza.

Mary Stramagher aged 3 yrs large head. liable to tracheal spasms - So the Influenza began. & the spasms of the larynx the flush of the face & the momentary convulsions recurred frequently. Then she became stupid with a contracted pulse of 120. On the seventh day a diarrhoea set in & continued for five days. The pulse became 108 in the morning of exacerbation. On the 12. 13. & 14 days the bowels became closed and the pulse rebound to 96 & large, skin soft & cool & the expression of face more intelligent - She has been cross & nurses her doll. There is typhoid fever -

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Angenose form of Influenza

John Davis aged 19 yr exposed himself at the funeral parade on last Sabbath Jany 17/58. This chilled him and soon his tonsils swelled to almost the closure of the throat - and then skin became hot & dry & the pulse contracted & frequent -

The Dogma that Epidemic Fever has a continued duration of 28 days.

Proof.

Sally Gabel aged 4 yrs. sicken with a typhoid form of Typhoid fever on the 21st of Dec '57. After the brain symptoms abated the urine became colorless and so continued until the close of the 28 days of the attack. When it became of normal character. Jay 158.

Influenza in a strumous constitution does not allow the employment of means which relate to the special indication. The sole reliance is upon means which relate to the general indication.

Case Dr J. Darrach, owing to fatigue exposure and mental excitement became depressed and was attacked with a chill. His throat became congested & shortly head ache came on, became too weak to sustain the erect position, skin dry & heated and pulse weak & effident — asthenic state.

Antimony calomel potash nor soda were admissible.

The treatment adopted was exclusively Sulph Quinin gi q 4 from 2 Am.

Under this the exacerbations were greatly subdued & the pulse became stronger — and in due time the symptoms passed off

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Influenza with capillary congestion at the base of the brain in which the means relative to the general indication were inadmissible and blood letting indispensable.

Dr Tucki case of — female chill ~~[illegible]~~ & 6's

The eyeballs were in convulsive motion & so the muscles of the neck & of the arm & occasionally the muscles of the lower limbs ~~[illegible]~~ took then discletter con

165

Doubtless mal-practice in not regarding Erysipelas as an Epidemic

Bishop Waugh, whose death, in Baltimore, has been announced by telegraph, was, at the time of his demise, the senior bishop of the Methodist Episcopal church, and was in the 69th year of his age. His death was a very sudden one; for although he had been some time suffering from erysipelas, his physician considered him to be improving, when, at one o'clock, on Monday night, a change took place, and in half an hour he was dead. He was born in Fairfax county, Virginia, in 1789, joined the church at the age of fifteen, and five years afterward entered the ministry. In 1836, he was elected and ordained bishop, at Cincinnati, and, in 1852, on the decease of Bishop Hedding, he became senior bishop. In the first year of his episcopacy, he organized the Texas conference. As superintendent of the church, he had traversed nearly every State in the Union.

Category of Cephalic Symptoms in the following cases.

Case No. 1. Mary Chamberlane aged 2 yrs 6 mos. Feb. 1856.

1st Lying on her side not or her back as in unconsciousness.

2d Cheeks red with capillary circulation as rapid as in scarlatina, during morning & evening exacerbation.

3d Skin heated.

4. Pulse contracted & frequent.

5. Urine transparent and of madder brown color.

6. Breathing peculiar being a spell of passive respiration follows with spells of a deep protracted inspiration & two short expectorations & then a return to same spell of passive respiration.

7. expressive countenance retained on the face except that the eye is without expression. upper eye lids deeply retracted into the orbit and then slowly & passively falling down over the ball, where the eye ball wanders with or below slightly shades more. There is no evidence of sight; yet nevertheless hearing is retained. The impression

8 Carb: ammoni: was applied to the nostrils ~~for some time~~ without for some time producing any effect, but tears flowed from both eyes, the muscles of the neck contracted and the child with manifest aversion to the sensation on the sound member rubbed its nostrils from right to left. This was an improper use of the 9 angles and was when the olfactory of the [illegible]

valsiva the child was not unconscious. It would take drink & swallow but thro the hearing expected yet the sight did not. The pulse was 130.
It was judged to be influence with congestion of the cerebellum of the sensorium & medulla oblongata.
℞ tr ℥vj, pro nocte blood left side of lips & separate was performed this before the convulsion. Salts Mist & ℥ss was adm. in an enema. Blister to wrists rebellion partial effect. & Tyson Pond. The symptoms are diminished & the child is now safely passing thro the critical fever

On the 5th of Feb: 1856. I visited the daughter of Dr C aged 2½ yrs in consult with the father and Dr Willbank. ~~She~~ after that she had been bowelled ever since already sick, and after that she had had, two months previous, a convulsion, from which she seemed to have entirely recovered. Occasionally however she was fretful & had spells of rubbing her nostrils which induced her father to administer the spiegelia but without effecting the expulsion of a worm.

I found the child in the cradle quietly & naturally on its side as though it were in health and not ~~upon its~~ supine rubbing its head to & fro upon its occiput and its eyes and mouth & limbs in convulsive motions. The cheeks were abnormally red and their capillary circulation as rapid as in scarlatina. The breathing was peculiar, being spells of passive respiration alternating with spells of a deep protracted inspiration follow by two short expirations. The face was also peculiar: The eyes ~~looking~~ wide open without expression with the eye lids retracted into the socket & then the upper lids slowly falling down while the eye ball was irregularly rolling and at moments being strabismus

The rest of the features, especially the mouth retained their ordinary intelligent expression.
The inexpressive eyes was so incoherent with the intelligence of the rest of the face that it recalled the countenance which characterises the inmates of a blind asylum, and raised in me the question of existing blindness. Upon close examination the pupils were discovered to be largely and permanently dilated.
The hearing was also very evidently impaired ~~partially~~ but not entirely lost.
Spirits of Harshorn was applied to the nostrils without any effect for several moments and then only to produce a flow of tears and induce the child to raise its hand to and fro upon the nostrils ~~as~~ with evident aversion. a mean sluggish effect upon the ganglia nerves of the sympathetic membrane & not upon the olfactory & sensorium.
The pointed ~~the~~ mouth & freely drank flour food. ~~and was manifestly desirous to lick & pinch.~~ The sense of touch then carefully was unimpaired.
The urine was transparent ~~of~~ of the redness of ordinary madeira wine. but was not subjected to chemical & microscopical examination.
There was a diurnal & evening exacerbation & with then the redness of the cheeks varied its degree of intensity & at times wore disappeared & the pulse which was always contracted varied in frequency with each exacerbation — being 84 & 96.

℞ acet: ammon. ℞ blister to nape of the neck.

Feb. 6th. 16 day of sickness. 10 Am.

The peculiar breathing became a subject of special attention & interest. The ribs sternum & clavicles were motionless - none of the accessory muscles of respiration were in action. As as the abdominal parietes were without distention & contraction, it may be inferred that the diaphragm was also at rest.

The thoracic cavity did not dilate & contract with the expansion & diminution of its contained organs. The spinal respiratory nerves which govern the thoracic muscles & sustain their constant action is in some way diseased, and respiration is reduced to a mere organic function of the lungs - a slow inherent dilation of the bronchia admits the atmosphere, and two successive inherent contraction of the bronchii. Such is the mode of respiration of the tadpole & such in the new-born follows his first inspiration, after each jerk of expiration then follows a passing out of air. It is to this latter organic respiration that the latter patient was reduced when deprived of the influence of the spinal nerves. The only nerve power left to the lungs was that from the pneumogastric system which is engaged in common with the heart. ℞ Eleterium

Feb. 7th. 17 day of sickness 10 Am.

The right arm was more frequently in motion obliges

up over the face & then retreat obliquely down over the face, cheek & abdomen. This form of convulsion continues with intervals of rest.
The Electricity produces a hydrogen effect: & with this revulsive action on the bowels there was a partial ~~return of~~ improvement in hearing & smelling but not in the vision. She was now sensible to the approach of an enemy to the nose ~~and~~ the cheek particles resume motion & she intelligently answers yes & no to her parents.
Feb. 8th 18th day of Sickness 10 P.M. A remarkable frequent pulse of 160 has now set in & constantly so.
Feb. 8th 19th day of Sickness. She seems moderately prepared pulse continues & now in course the 10th 21st day of sick the 10th 21st day of sick with its there exists a persistent recurrent congestion in the lower eye lids & the face has lost all expression.
Feb. 11th 21st day of Sickness. She died without convulsion such is the short history of the case.
The diagnosis which I ~~for~~ gave was — a form of Epidemic fever with capillary congestion ~~and~~ of the ~~the~~ medulla oblongata & pons & not of the cerebrum. or in other words — that the capillary congestion was at the base & not upon the whole convexity of the brain

The Autopsy was made on the 12th Feb by Dr James Dowsett in the presence of the Father of the Child & Drs Fish Willbert & myself —

Remarks upon the case.

The vital phenomena observed during my five days attendance and those obtained by narration of the Father & Dr W of the previous time admit of being classed under two heads. viz

1st The convulsion at the close of November or Early part of December with some subsequent feebleness & delay of the mind suggesting the ineffectual administration of an anthelmintic. but there was a quick return to ~~an~~ ordinary ~~health~~ good health & vigour; may be. ~~This may be~~ regarded a reflex convulsion from intestinal disorder. Both parents are of cerebral nervous temperament and the Father is pale, tallow-like. Nerve prevails over blood, or is it rather that the nerve power being weak the blood is weak — as there is anemia: and therefore suggesting the possibility that the child may have been strumous. And if strumous & tubercular be the same thing, which I doubt, then it may be that the case is one of tubercular meningitis, as it is called.

2nd The morning & evening exacerbations, ~~continued for~~ with contracted & frequent pulse & rapid circulation in the capillaries & high colour with heat & dry hard skin. all indicative of an essential continued ~~short~~ fever

3rd The loss of sight, impaired hearing & smell, palsy of the thoracic functions reducing respiration to a mere organic action of the lungs as the heart: & ~~also~~ liver & kidneys: with the face congested & the weak rapid pulse & venous congestion in contrast with the expressive face and ~~an~~ intelligent taking of food & fluids indicates a central seat not on the cerebrum but within the sensorium & medulla oblongata. Thus I regard as a capillary congestion which associated with essential fever constituted Epidemic fever.

I therefore diagnosticated the case of as a form of Epidemic fever in which the essential associate of capillary congestion was located at the base of the brain where the sensorium & medulla oblongata involving the nerves of sense & respiration & digestion motion & not when the cerebrum to involve organs & intellect although disturbing them by reflex influence.

The autopsy, which was made by Dr Lamar Darrah in the presence of the Faculty, & Dr Frederick Willhoit & my self presented the following phenomena. Singillation over 2/3 of the ~~body~~ back. The rest of the body had an ordinary aspect.

The erector scalp was blood shot. The removal of the calvarium was accompanied with a copious flow of venous blood. The effused cerebrum presented an engorged

longitudinal sinus & cerebral veins. The blood in these large vessels was black & in contrast with the flow blood of the small arborescent veins on the convolutions. These were not now as formerly be regarded as evidence of inflammation but only as part of the venous system which in the final stage of the disease became congested. Being arborescent & not reticular it was not a capillary congestion.

Along side of one of the largest dark veins we noticed a few small hard opaque bodies like dry fibrin or stunted matter which from a moment became a subject of interest but as soon disregarded as unimportant. We all considered the cortical & cerebral substance of the brain as destitute of morbid phenomena. Thus as with the disease heretofore in shaking contrast with the activity of a mild & fatal case of brain disease.

The base of the brain & upper part of the spinal cord were then examined. Here the eye was immediately arrested upon the abnormal redness upon the quadrigemina, the origin of the olfactory & optic nerves the 4th & 7th nerves the corpus callosum, medulla oblongata & upper part of the spinal cord. The redness when examined under ~~the microscope~~ a magnifying glass was discovered to be entirely reticular. The congestion was therefore neither venous nor arterial but capillary. & when more attentively noticed, were found to be seated neither in the arachnoid nor pia mater but in the subjacent & binding cellular tissue. In this tissue there was a deposit of fibrin in the region of the cortical

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Cases of Bronchial Influenza.

Phila April 1858. Edwin Taggart: Alvin Farr & Chas of Dr Fricke practice

Case 1st Edwin Taggart. aged 6 yrs. 8th Crotal Apl. 11/58
Chill Fever & Cough & stitch in side & oppression of chest.
urine copious in quantity & cod. many & every expectoration,
pulse contracted & frequent with sharpness.
Rx. Tyson cont Powder.
12th. Rest less night increased dispnoea & pain in side & catch at in spiration cont. Tyson.
13th. Symptoms increased, urine less & redder.
Pulse more jerking & still contracted & frequent
NB the cough, oppressed pulse of Dr Rush, & indicating bs: to relieve system of irritate inflammatory congestion, suffering of tissue & to stimulate, to act on the system & the circulation to be balanced & secretory functions of organs to be restored.
Rx. Vs. ℥ VIII.
" PM 5. The blood cupping 32oz ℥. pain lessened from side. dyspnoea much relieved. pulse with jerk & full less frequent. urine less & less red. Felt much better.
cont Tyson Cont B:
14th. cont bette. 15th. 16th. 17th. cont to do well and Tyson with Salts Mixture.
18 The 8th day. Deposit of urate of Ammonia & 1st. 1st chris. a proof of essential fever

19th Effervescing mixture with sulph. morphia.

20th cont. & diarr. wine. pulse reduced to 96 & fuller.

21st 11th day. deposit of urate of ammonia cont.

22. 12. day. deposit cont.

23. 13th day. Sat. Cough increasing, with expectorat. & pulse become again frequent & contracted — a decided fever set in of irritative — intermittent.

Auscultation discovers at the dorsal side of chest large mucous rale & gurgling & splashing. such as the Laennec school might mistake for abscess or vomica: who of the Schools — ctrs pathological parenchyma school would call pneumonia & yellow softening — but what the membranous & cellular concept. below school call bronchial dilatation & fetid sanitation.

24th 14th. Ditto.

25. 15. Pale. but strong & distinct organic relations to mind & muscularity. but the urine 1/4 quantity & loaded at with urate. & cough & rale gurgle & splash

26. 16th. Idem: 27th. 28th. Idem. Dr Fuller suggested the Bath. Acetat Sulph Clar. & Fennel infusion.

Case 2. Alvin Farr. aged 15 yrs. Race 8 st.
Born in New England he has had there what has been always there called Lung Fever & what is here commonly called Pneumonia. But what I do called Bronchial Endemic Fever.
Ap. 20/58. I first saw my first visit. I found my patient a pale emaciated boy. One might regard him as under Marasmus - pulse 140, very erratic. Thin, wasted & very nervous. Independently of this he has been subject to pea-green expectoration since the last Lung fever. His present attack is evidently Bronchial Influenza covering the old sagging expectoration.
The expectoration is yet albuminous saliva-like contents & frequent. Often tinged. Auscultation large mucous rale. gurgling & splash as the pt. paroxysm was excited. & according to the Laennec School pronounced by a fatal case. Rx. Tyson. & Morphia Pt.
21. 2 P.M. Worse & long expectoration. urine quite abundant & not very red. Seeing that the pulmonary function was not impaired by the complaint. Dr. Thos I took charge & prognosticated favorably.
Cont Tyson
22 2 P.M. Worse.
24. 25. 26. The rale gurgle & splash continued & he; delirious. 27. 28 29. Then symptoms here, clay & pale & he can sing well - after Dover & Morphia & Tyson

Case 3. Dr Finch patient of 4 yrs of age
He was attacked with spasmodic croup for which Tyson & Salts Morph & Sulph Quinin & Morph: were given & tended to have the child improved but afterwards a secondary fever set in & induced death.
The Bronchial system at the second region diseased & consolidated the lungs moving rale the gurgling & the sputum as thus the parenchyma was seemed to be safe.
The disease in fact was congestion of the entire bronchial system & of the larynx which on the receipt established a secondary congestion with fibrous transudation pus formation & plugs.

Second day Fever of Measles.

Corpl James Blair age 3 yrs, 2nd Poplar. Calcutta Establishment

Dr Gemmell.

April 29th/58. The fever has passed the 14th day & now there exists have symptoms of abdomen, tenderness pain, indicating inflammation, dark stools abundant pulse 108 & continued. Skin heated & dry.

Rx Mustard & tartarized powder to abdomen, Rx Bi Carb Soda Sweet Nitre & Sulph Magnesia ℥ss. & 13 barley chalk. 30. 15. day abd. tenderness & restlessness increasing pulse 108 & full Resp. 120. on day before yesterday the same feverish attack day. no mucous abdominal discharge. (2 motions yesterday)

NB constantly inspect - omit mustard & crust.

Cases of Fatal & Latent Pneumonia, Congestion of Lungs, Apoplexy of lungs, Gout of lungs.. alias as I understand it:

Bronchial Esp. Vernal Fever with & without urea, (Gout & c) ~~age~~ involution & venous congestion of age & nervous & sanguineous temperament:

Case 1: Sudden Rance. died in Feb. of Pneumonic congestion on the 5th day

Case 2. Dr J. R. Mitchell, previously afflicted with Palsy was suddenly attacked with Pneumonic congestion & died on 5th day

Case 3. Com. v. Davis first to be seized suddenly in death after much fatigue, going & drinking drinks & was suddenly attacked with pulmonary apoplexy & died in a few hours — Pulm: Congestion.

NB.

The debility of the bronchial ~~was that of~~ prevents to actually congestion of the mucous membrane of the bronchial vessels in Molecular enlargement of the tube & in consequence the air being no longer a stimulus to the ~~mucous~~ excitable secreting surface of the tube — an asphyxia occurs & venous congest & death

Rx. Carb: Am. m. ovica. & Nitric Phos & vs:

1st to restore vital force.
2d to relieve venous congestion. } stimulant & sedative.

Apply a stimulus to Erector muscles of stomach
the great mass of the ganglion system
which ~~[illegible]~~ This stimulus is Carb. Ammon.
Its action is reflected thro' the Phrenic fibres
thus restoring equilibrium to the erector
muscles of the bronchi & makes it again
susceptible to the stimulus of atmosphere.
- The venous congestion is mechanical &
to be instantly relieved by Ox. Metals
Ry. Ox. to remove venous congestion
Ry. Carb: Ammon to restore
normal equilibrium to the
erector bronchial muscles - &
thereby restore the value relation of
~~the~~ air tubes & air

If so
My Lizzie, Kate, Mitchell & Leavenworth
might have been saved — &
many others. (!

Medical Error.
The manifest benefit of Carb: Ammon. has
been tested in Dr Wilbank's case. of chicken fever
of Elizabeth. to bronchitis - (calc hypophos)
& to Indian Cases. & now in my case of
Alice Farr, Mrs Lake, Smith & Sprague
also quickly disappears under its use —

The Chest is governed by the Spinal nerves
the Lungs by the gangliac.
The passive organic respiration i.e. the
affection of the brain of the Brain is
owing to the paralysis of the respiratory
nerves — derived from the Spinal cord
The stertorous breathing of apoplexy is
owing to the paralysis of the spinal fibres
of the ganglionic system.
The Breathing in typhus fever is owing
to the same.
The Mucous rale, gurgling & splash in
Bronchial emphysema is owing to the
same, as Tracheal &c
The sudden asphyxia in the case of
Jack Ketch. Dare Port &c is owing to
the same &
the Hy
Carb: Ammonia & V.S. & Sulphuric

Tuberculous Meningitis.

Case 1st Clara. patient of Dr Fuchs.

April '55. Clara aged 4yrs.

The symptoms were cephalic and specially those of a spasmodic character & not involving the intellect:

The autopsy showed the membranes in the form of sylvian & shadow with white granules which under the microscope were nucleated granules. [illegible].

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Phila: May 5/58

My Dear Friend

Your very welcome favour of ~~the~~ Feb: 22/58 has just been ~~last that~~ received. It is therefore, owing to the length of time since the date of your letter, necessary to ~~resume~~ offer you my medical advice conditionally.

1st If the blotches have not entirely disappeared, use the following.

℞ Iodide of Potass. ʒIV
Vin: Ipecac ʒIV
Ext: Belladon gr II
aq: mentha. ℥ss
aq: font: ℥ss

M a teaspoonful an hour before meals.

2nd If the blotches have disappeared use the following

℞ Infusion of Yellow Bark ℥VII
an ounce at 10 AM & at bed time

for two weeks. & after omitting it for two weeks resume it to the above time.

It will not be necessary to take medicine for the complaint in question ~~until~~ unless new symptoms make their appearance.

It is very important that you avoid all hazard of a second infection; as this in your shattered constitution may induce mercury under you health to be an intensely

and debilitated condition. Avoid also, in the same way as night air, & also tobacco & use of spirituous drinks.

So soon as you are done with the infusion take the following

℞ Bromide Potass — grx at bedtime & at breakfast for two weeks. Then omit it and for the same length of time take the following

℞ Fluid extract Secale Cornuti ʒvij

a teaspoonful every 3 hours, that is an hour before meals & at bedtime.

Epidemic Fever: Influenza in April & May '58

1st Relaxed & elongated Uvula, with capillary congestion & edema of it with capillary congestion of Larynx & contracted frequent pulse &c with cough.

Case. Miss Horn aged 35 yrs pale habit & good constitution.

She called upon me on the 3rd of April '58 on account of an obstinate cough. She stated that a physician advised her to have a portion of the uvula removed by an operation. I found upon examination of the fauces that the uvula was relaxed elongated & ulcerated. This last noticed condition induced me to feel the pulse which I found frequent & contracted. There were other evidence of febrile condition.

I prescribed an emetic of Sulph Zinc & Theace & Tyson & quinin & sulph. cupri.

Under this the uvula recovered a healthy state and the cough disappeared.

NB This was paly of the muscle of the uvula from Epidemic fever — capillary congestion, transudation of serum, loss of muscular contractility & cough from tickling on an elongated uvula.

2d. Congestion of Larynx producing loss of voice.

Cases Mrs Carson, Mrs Harrison, Thos S. Clayton Mrs Watt, Mary Baker. Pressure of the larynx gone pain.

3d Congestion of the mucous membrane of the trachea immediately below the thyroid cartilage. producing a difficult hacking cough with a mucous rattle but of sputa. and a sore & painful spot below said cartilage.

Case 1. Wm. attacked with general indisposition & freq. & continued pain & redness in connection with a hacking difficult cough to expect, apparently, a foreign body, a portion of mucous membrane adherent & a sore & painful spot at the lower extremity of the trachea.

4th Congestions of the mucous membrane of the larynx & upper part of pharynx.

Case 1. Thomas H. S. Clayton aet 18yr. was attacked last Friday May 8th/58 with chill & depression & strength. The general condition was followed with a distinct at the larynx. and soon after with a loss of voice & extreme difficulty of swallowing. May 9/58 9 A.M. I found him with the voice completely & a hoarse throat freq. continued pain & rev. urine in amount generally.

℞. Tinct. Ant. P & III at 5 A.M. Sulph Zinc gr VIII Pulv Theca gr X. at 10 P.M. & the next day Tinct at 9 A.M. & 12 M.

May 10. 5 P.M. General symptoms abated, difficulty of swallowing remains & the voice less apparent.

℞. Spirit Nit Cuthay Belladon. ut dy below the bottom edge of the mucous membrane

Fever

Epidemic.

Thoracic.

Capillary Congestion of the membrane of the

1st Larynx.

Pathog. aphonia. & Barking Cough

Cases Mr J Harrison, Mr b. Bates

Mr Watt. J.S. Clayton Ap 58.

2d. Trachea. immediately below Cricoid.

Pathog. difficult hawking. & cough & pain at the 2 upper rings.

Cases. W. Darrell, J.J Mason.

3rd Bronchi.

Pathog. Dyspnoea. sputum semi-mucous & crepitant. Rattling & splashing at dorsal region.

Case. E Ow. Jaggard. Abr. Farr Ap. 58

4th Bronchi & Larynx &c.

Pathog: Croup symptoms. dyspnoea short inspiration, quick expiration

Case Dr Fitch's patient. Ap 58

5th Extreme bronchi & cells. & venous Congst

Cases of 5. Lady Kane
Dr J.K Mitchell
Johnson
Col. Davenport.

Pathog. Extr. Dyspnoea. Oppressed staring eye. dilated ale nasi. action of access. muscles. venous congestion asphyxia death.

Remark, on

No 5 Capillary congestion of extreme Bronchi & cells.

Cases Zorn - Kane, Mitchell, Johnson Devenport.

Dr Reed, Cunningham Dr Fuller Newton Case

Dr Wilson Phillips Dr Grant. Mr Robinson Dr Fuller Hawkes

These cases are called Pneumonia, Congestion of the Lung, Apoplexy of the Lung. Gout of the Lung.

What is its nature?

Ans. An essential epidemic Fever with capillary congestion of Bronchi & cells.

This congestion is owing to loss

6th Rheo-Bronchi-cele puer-peral - 3rd Lan Parenchyma

Pathog: Meteorism - dance crepitant rale - short in & quick ex-spirations & convulsive action of accessory muscles - pulse 144.

Case Mrs Forbes. 7d Fly Water, May 14/58.

Epidemic Fever – Puerperal – Metiorism – Bronchitis capillary congestion treated as Puerperal Peritonitis with Cal & opii pills, leeches & cups. &c

<u>A medical error. Allopathy. Physiological evolution – Bronchitis Puerperal form of Endemic Fever?</u>

Case 1st Mrs Farley, aged 28 yrs 7th bel. Fly water. She is thin – dyspeptic. flatulent stomach & bowels before & since marriage. During this her 1st pregnancy, had sickness & vomiting & rifting of gas until the time of quickening. Her labor was arrested at the passage with fore presentation & delivered with forceps – chiefly gas pains & expulsive. The birth occurred on the 31st Apr.

On the 28th she took a full dose of castor oil for what she called costiveness; which dose being ineffectual she took a second full dose. which operated.

On the 1st & 2nd & 3rd May she was doing as cleanly well. A dose of ℥vi Castor oil was administered. This produced a copious purging.

Then on the 4th set in the fever & abdominal distress and soon follows with abdominal enlargement which daily increases.

The case was diagnosed & treated as puerperal peritonitis. with cal. opii doses, fomentations, leeches & cups. This was the practice until the 12th = 8 days.

I was then called in Consult: at 1.PM. I found the patient on her back, eyelids retracted, alae nasi abnormally dilating, mouth disposed to be opened – short inspirations & quick expirations & with them

thoracic & pulmonary symptoms, the abdomen was distended as before delivery — a conical enlargement. On percussion it was tense & extremely resonant — evidently meteorism of the ileum: the pulse was weak & 144. & jerking.

Her voice strong & natural, intellect perfect.

She has no cough, counts only 9 at a breath but this without exciting coughing.

What is the diagnosis.

The distended abd is not as was, immediately from gaseous elimination from an inflam perforation of peritonitis. It is, on the contrary, from the mucous membrane of the small bowels: there here is the cadaveric congestion & not of Phlegmasia. but of Fever. The case is the not Puerperal peritonitis, but Epidemic fever — after chill back with cadaveric congestion & consequent meteorism primarily from paresis of the ileum.

℞. omit further treatment for Phlegm: & substitute

℞ Mustard plaster & absent: cloth & one hot to abdomen as a revulsive to the intestinal congestion to meet a spasmodic indication.

℞. Tyson Ant Pond gtt Sulph Morphi gr/16 g 3 h to allay irritation & relax as a before forming

℞ Sulph Quin gr 1 Sulph Morphi gr/12 q 4 h for 1 hr to 10 hrs as an antag of the exacerbation & meet the general indication.

May 13th Thursday. 9 A.M. The above plan of treatment was

adopted. She passed a comfortable night, the extreme pain of the back has remitted, abdomen smaller less tense and on percussion gives a duller resonance but the pulse is still 144 and the thoracic & pulm. symptoms are unchanged.

℞ Cont: treatment.

May 14th 58 9½ Am. Friday. The countenance is improved she says that she is better & stronger & can more manage to turn & respire on her side. The

The abdomen less, softer & of duller resonance.

She has passed a pint of urine red & with urate of ammonia. This is now the 14th of the fever & 11th of marked disease.

But the pulse is 144 & the chest symptoms unaltered she can count only to 10:

Being now by her own effort with difficulty, slowly turned upon her right side. I auscultate the dorsal region of the lung for the first time. & discover entire crepitant & mucous rale with the short in & quick expiration. This indicates actually congestion of the extreme branch scale & sufficiently explains the persistence of thoracic symptoms & affirms the diagnosis of

~~B Thus~~ Pneumo-Bronchial ~~Ape~~ pneumonic form of Epidemic Fever. & now evidently was pneumonic

I suggested the substitute of Cont: Camp: or the exhibition of the Sulphate of the Quinine system for the typhoid nature & Quinine & to effectually the

Mustard & absorbent poultice to the dorsum pedis & the chest & cont. Rad. ordered to be taken the Monday for the bad symptoms on allowed.

℞ Cant. Ammon. ℥v q.2h. ℥ii Iod. Wh. ℥ij q.2h. carbolic acid on dorsum & abdomen. etc.

—

NB. The local irritants from distended abdomen & tumefied by carbolic engorgement of chest & bronchial tubes have so superadded a sympathetic constitutional exhaustion, that the sympathetic of the primary essential fever & tuberculous fevers & dyspnoea. The removal of such exciting causes being removed, the constitutional effects will disappear, yet still will remain an essential fever which will run its course of 25 days — and until then the patient is not convalescent, & exposed to diarrhoea & bronchial & other inflammatory sequelæ of important organs —

—

Saturday May 16/58 — 9½ Am. Passed a good night feels better: expectorate a very frothy & swollen tinged & mucoid stain of bronchial disease ordinary secretion. pulse less frequent. Cont. 15. cont. Rx & add. syr. Senegae with carbonate. wine without expectorant & of wine tinge. bowels frequently moved but discharge not healthy yellow.

—

Sabbath May 17/58 Passed a good night. abd. less swollen less mucoid at bronchial. chest cont. 20. pulse 130. tongue yellow. Urine still scanty but less frequent. cont.

(18)

Monday May 18/58. 9 p.m. cont. better. Cont treatment
Thursday " 20 " 9½ A.M. Meteorism increased, Breathing more thoracic than pulmonary. pulse less expectoration pulse more frequent & relaxed. cont. ammon & wine
Saturday 22nd. 9½ A.M. 23 day of sickness.

Meteorism still on the increase - accessory muscles of thoracic respiration abnormally active. employing a list of actions of organic respiration pulse weaker & more frequent & jerking & relaxed

Monday manifestly weaker. meteorism increased thoracic breathing more laborious expectoration less copious. pulse weaker.

Evidently the disease has passed into the parenchyma for the bronchi. From mere catarrhal congestion of bronchi to fibrinous catarrhal congestion of the bronchial cellular tissue of the parenchyma.

NB. This accords with the law of progress of the exanthematous. as a second centripetal congestion which is always fibrinous & cannot abscess. (albumen inflammation)

Tuesday May 25, 9½ A.M. 21 day of illness. 25 of sickness for delirium of chest & fever. Died.

Diagnosis. Histo-Bronchio-pneumonia from the influenza - pneumonic - Exanthematous fever

Remarks on the above Case of Mr Foster.

1st Bronchial form of Influenza.

3 stages

1st Meteorism - abdominal - capillary congestion of ileum. conical tumor.

2nd Cough, dyspnoea, crepitant & mucous rale on the dorsum

3rd return of meteorism & aggravation of the pneumonic syst - encrustment of capillary congestion fibrinous. indicating by in the parenchyma. death a 21 a 25 day

NB. This case recalls abdominal thorax in cases of Typhoid fever under Dr Fuchs & Dr Wellbrock, bronchitis cat: ammon.

2nd The difference of respiration in Sensorial & Bronchial Influenza.

1st Sensorial Influenza.

Palsy of the Muscles of Chest & consequent reduction of respiration to organic respiration: as in the last pole.

2nd Bronchial Influenza

Defect of organic respiration & augmented action of the muscles of the thoracic respiration.

Lesser Exanthems.

They have come in a cluster in March April & May with epidemic diphtheria, branchial Pertussis & the Bronchio Pneumonic influenza. Denoting congestion of lungs from constitution of Bronchial tube - & absence of the greater Exanthems.

1st Roseola W Kem. & Kem. May Strangeways W. Knowles
2. Erythema
3. Urticaria Dr R Paul.
4 Herpes corpl E Jeffcott.

Pathological Remarks.

Congestion of Brain.

Convulsion in children relates to the Sensorium. Thus to derelution, the cerebellum is not.

Delirium of Adults, relates to the derelution Cerebrum

Brain overloaded with blood produces

1 Pain.
2 Heaviness of Head
3 Convulsion.
4 Delirium.
5 Coma
6 Death.

Otis B Merrill aet 19 yr. West Phila May 13th 58
in Consult: with Dr Buchanan.
Extreme emaciation, legs bursting & red from
extreme anasarca. for which the limbs were
punctured by Dr B. Cardiac dyspnoea. mouth
opened constantly & ~~mouth~~ to at almost imminent interval
by extreme depression of the lower jaw. cardiac pulsation
over the entire chest & extension & forcible ~~pulsation~~
beats but without irregularity in abnormal sounds.
Respiratory murmur ~~every where~~. numerous with
the predominant & overbearing crackle beats &
transmitted pulsation over the chest. The urine of a
peculiar muddy ashen white on examination by Dr
J Dawson indicated extreme debility of tissue ~~by~~ or
of the blood itself: destitute of the albumen of the blood.
After a useless practice of entire Lent bi: he died
Autopsy by Dr J Dawson
The abdominal organs were remarkable ~~bodily~~
especially the liver & kidneys: One of the kidneys of
a remarkable & abnormal polemp. The liver had small
abscesses whitish & hard bodies. like miliary tubercles
or cancer shot or cartilaginous. but when examined
under the microscope by Dr J. Dawson discovered to be not so

What then? Ans: Deposit of uncommuted fibrin: The seeds were detected in the apex of both lungs. There must have been the mistake from bronchial cancer but not such uncommuted fibrin.

The heart was found of double its normal size but its parietes not thicker — the was 1 c.i. ~~[illegible]~~ diameters of one a dilated heart. But there was therefore also no enlargement of aorta at the origin of the left ventricle — no stenosis flakes. no clots of coals from deposit of fibrin upon the edge of the valves were rounded & thicker. ⟨ ⟩ but not lessened nor puckered & by no means embarrassed the function so as to contract the orifice & prevent the free exit of blood — There was no relation of blood to cause thickening of parietes & regurgitation of venous blood & consequent venous congestion & brownness — or a hypertrophy of heart. The pericardium was entirely adherent by the mass of harmless fibrin, so that the pericardial cavity was obliterated.

On the fact I read the following remarks which may throw light upon the enlargement of the heart:

Dr Sandeline, Case demonstrates that a sequelæ of measles can ~~double~~ transmutation of fibrin of both pleura & of the pericardium.

This of Mercil; is a transmutation of fibrin of the pericardium with obliteration of pericardium & enlargement of the cavity of the left ventricle as a sequelæ of scarlet fever

But the case of Dr Grant & Pattern. shows the endocard. as the seat of sequelæ of Rheumatic and Influenza — & of pleurisy. Hence the deformity of fibre or the valves & consequent atrophy & puckering of the valves & bands of Vital dilatation of the aorta & consequent hypertrophy of the heart. & venous hepatic congestion & melena & venous spleen.

W Hamma case as a contrast of Scarlet fever & subsequent Rheumatic & fibrous sequelæ. as endocarditis & pericardite & pleurisy & consequent enlargement & hypertrophy of heart.

NB.

3 Forms of Heart disease

1st Dilatation of ~~left~~ ventricles with obliteration of Pericardial cavity from adhesive inflammation.

2nd Hypertrophy of ventricles ~~for~~ with atrophy & puckering of valves & contraction of aortic orifice from deformity of fibrous — endocarditis

3rd

Epidemic Fever. August. 11/58.

Gastro-ileo capillary Congestion.

Bitter eructation, gastric pains, Medium. Lax & flatulency.

W. Watson aged 50yr. Aug: 11/58.

He complains of a turning of stomach at times, a bitter taste from stomach followed with a coming up of a frothy fluid of a tough nature with some of his food & with this throwing off here is some relief. This is an hour or more after meals & most so after dinner. Some little headache. an unusual swelling of the bowels with down towards passing off of wind. There are attacks of violent pain in the stomach. No desire for food. Bowels moved twice daily & windy lax. & bad smell.

Tongue is without fur. pulse small weak & 72. Skin cool & clammy. disturbed sleep. urine diminished. These symptoms have existed two weeks.

Diagnosis.

Gastro-ileo. capillary congestion. with general disease. Epidemic. He says he had a chill & every exacerbation. indicating indigestion of stomach & flatulence & lax in the bowels.

℞. Horizontal position.

℞. Mustard plaster & absorbent cloth to abdomen

℞. Barley cloth.

Thursday Aug 12 '58. applied mustard & absorbent cloth. rested horizontally & diet of comfort of Barley water ad libitum

Result. better sleep pulse 72 & fuller. & bowels not moved. no better Emetics & no Anodyne Clysters & Lax. & only weak from want of food.
Saturday Aug 14/58. The bowel complaint very clear but he is weak. Ry Sulph. Quinn.

Yellow-Fever. Bark Elizabeth I. Rand
wharf. Aug. 1858.

W. M. Campbell: aged 23 yrs. Wilmington N. Carolina
at Arcade Hotel. Chestnut bet. 7th. August 8th/58.
visited in consult: with Dr Wellbank & Dr J. Darrach.
He lay on his right side, ~~leg~~ right leg bent
the left extended, arms down head sunk down
upon his chest. He in a stupid state. Nevertheless when roused by Dr W and introduced to me
he returned my salutation with fair intelligence: but reverted to his careless condition
with an eye without expression & upper eye lid fallen.
I exposed his chest & abdomen, and under
a good light, a pale greenish yellow hue
was observable. Pressure of the finger left whitish
marks, over which the skin has very slowly returned
the same slow return of the natural color occurs upon
similar spots made by pressure on the forehead
cheeks & a red part of the neck. Percussion at
epigastrium, & not elsewhere upon abdomen, caused
pain. The soft palate, uvula & tonsils not congested
as in Epidemic fever. but below in the lower part
of pharynx. the mucous surface was in a state
of marbled capillary congestion. He has
gravelling up of blood & phlegm. Pulse was 72 but
confused & small. Epithem prostrate & mental
mental &

without emotion & passion. yet with intellect.
The category of Symptoms are peculiar.
1st. Pale greenish yellow hue of skin
2nd very slow capillary circulation of the skin
3. Absence of Epidermis congestion of bronchial tubes
4. Extreme Maculated capillary congestion of Pharynx.
5. Hawking up of bloody phlegm.
7. Pulse refluent small & 72.

—

8. Skin without ~~heat~~ febrile heat
9. Mental faculties. perception, memory & judgment inactive but not disordered
10. Emotions & passions inactive. he is careless & without complaint and concern.
11. Extreme prostration. but when requested he can extend & elevate his arm without tremor yet the pulse becomes very feeble. indicating a loss of strength of the pulsations rather than the sentient organism.
12 The capillary ovary of blood continues & increases until death presenting a bloody mottled greenish yellow skin, shutting conjunctival eye & expiring without convulsions. —

Diagnosis. Poisoned blood with necro-miasm & consequent palsy of capillaries maculated congestion & destruction of tissue cell.

—

He died on the 4th day without violent action of any one or more of the organs

on the 9th Aug: '58. at the Arcade Hotel in the presence of Drs Williams & J. Darracq. the following statement was made to me by Dr Edw: R Wescott.

The infected Bark. Elizabeth J: at Race Street wharf sailed from Havannah on the 3rd July '58. Dr Wescott the brother of Dr W, belonging to the Bark, sickened on his mate 28 days after being at Havannah and after 3 days illness, died July 1 at sea & the body 14 days buried in the ocean. A sailor sickened 5 days before arrival & died after 14 days in Philadelphia Quarantine.

The Bark after 15 days quarantine & fumigation was allowed entrance to the Port of Phila on the 23rd Inst. At or near Race St she under the day watch of the Custom House. & Shesline and the night watch. W. Dunn. discharged her Cargo of Sugar Molasses & Hides, & Sugar.

Shesline was under Epidemic Dysentery, & at period after, death to intoxication & indulgence in pickled clams. He sickened at his home at Rockbourne, and died after 4 days illness.

The case was regarded Bilious fever, Typhoid fever & finally Yellow Fever.

3rd Dunn, the night watch subsequently sickened and died after 2 days illness.

4th Capt. – of the Bark Blodget – of Wilmington N. Carolina since the Elizabeth J. left for Boston & there sickened and died after 2 days illness – He had had Manna & poles.

5 Then Mr Campbell was attacked after clambing

Remarks.

A. The above case have, each of them, sicked by exposure to an infected locality.

1. Matt Wescrat by being at the infected Port of Havannah.

2. The pilot of the Elizabeth 3 by being in the same Bark which exported the infection from Havannah.

3 & 4. The 2 Custom House waiters by exposure to the discharging the cargos of Sugar molasses & Segars. Tho' possibly these sub-stances may not have contained the poison yet the boxes & hogsheads may have been the vegetable nidus.

5 & 6. The Capt & supercargo of the contagious Bark took the disease from the objective infected locality.

B. There is no case of Contagion. The diseased person has never imparted the disease to another.

C. ∴ There is an objective infection but no subjective contagion.

Statistics of Eastern State Penitentiary.

Jany. 1st	1838	Prisoners	387	of which	are colored		158.
" "	'39	"	417	"	"	"	165
" "	40	"	434	"	"	"	183
" "	41	"	376	"	"	"	160
" "	42	"	335	"	"	"	134
" "	43	"	331	"	"	"	118
" "	44	"	359	"	"	"	121
" "	45	"	340	"	"	"	106
" "	46	"	344	"	"	"	99
" "	47	"	308	"	"	"	88
" "	48	"	294	"	"	"	83
" "	49	"	292	"	"	"	83
" "	50	"	299	"	"	"	76
" "	51	"	299	"	"	"	81
" "	52	"	310	"	"	"	75
" "	53	"	288	"	"	"	52
" "	54	"	267	"	"	"	43
" "	55	"	270	"	"	"	48
" "	56	"	285	"	"	"	48
" "	57	"	297	"	"	"	51
" "	58	"	376	"	"	"	67

Remarks. The past 21 yrs show a reduction of prisoners in the ratio of 4. 3. 2. & a reduction of the colored prisoners in the ratio of 1850-4-50. Why these two reduction.

Bromide Potash. in Chlorosis

Finding it beneficial in the 2nd & metastic stage of Erotism in males. I gave it in the case of feeble menstruation, headache edema of lower eye lids and general bloat & exsanguinous skin. (Chlorotic) After various ineffectual Rxs. the Bromide Potash 8 v. in aq cinnam zi q. 3 h. removed all hem morbosyncrasia & depression of spirits & restored a healthy menstruation. Aug 22/88. Mr Allbright.

Bilious Tertian Remittent mixed with Gastric Epidemic treated with Calomel. Tyson. Cathart Mixt. & Sulph Quin.

Mr Church Buck aet 35 yrs of Brownsville. Tennessee at Merchants Hotel. recommended to me by S. Aldis Esq Wednesday Aug. 18.

He had but recently arrived and sickened with a chill followed with a synochus reaction.

Bilious sanguineous - gentle spirit.

His stomach was so irritable & intolerant of percussion at the Epigastric region that he rejected the Saline mixt. This was not only quickly rejected but it excited a protracted violent reaching & throwing off only a phlegmy fluid.

Aug. 17th Thursday. After midnight he rested - Aug 18th I found him with less gastric irritation & a pulse of 108.

I regarded the case a compound of Endemic Bilious tertian Remittent & Epidemic gastric fever
℞. Tinct Opii ant: Bonus & Calomel ℊ V & 8 V
Then they passed off moderately. ℞ Sulph Soda ℥j ℊ 3 h. urine only moderately rev.

Friday, Sept 18th. A severe chill followed with a fever fever. He & friends & Aldrg. ale alarmed. The squeamish Western practitioner fixed at last on Dr. I. McCellan for a consultation. Without much ceremony he was called & very actually at the Merchants Hotel.
I decided upon the Hotel as the place for my patient & upon the consultation from panic of Mem Gomes. & by 6 P.M. my patient was at 1121 Walnut St. at the Harrights & cont. Tinct Opii & ordered ℞ Calomel mayor: This moved his bowels.

Saturday Sept. 19: Afternoon had sleep. Urine is of beer colour with bile on the bottom of the vessel. Eyeballs yellow, face flushed – slow circulation. pulse 120. The indication was now, that the stomach is left empty to prevent the expected chill of Sabbath. 20.

Sabbath. Sept 20: From 1 A.M. to 7 A.M. He took 12 ℊ Sulph Quinia & ⅛ ℊ of Sulph Morphia: At 9 A.M. I found him without chill or habitual chill. But in the afternoon the excretion of the fæces & shells of nuts were in my 5 ℞ was very slow. Showing the case to be Remittent & not intermittent. The urine expressing beer & bile – & eyeballs were yellow. ℞ Pot Carb Liq. Vin Ant. Vin Ipec. Vin Tinct Lact – & Cal gr iii, gr iii gr iii & gr iii – 4 –

Monday ~~Sept~~ 22. The wheels of horses have passed off the pulse reduced to 96. & lips hard. Urine is intensely beneath & below - eye balls yellowish, face red with sleepy eyelids. feels better. ~~Cont cal~~
to ~~Cont ale~~ Cont Cal & Opt Mist &
resume Rx cathart of Mercury -
Wd he have a chalk linimento? Bark Solu.

Plants used by Somerville for an Aquarium

× 1. Ceratophyllum.
× 2 Endora. —
3 Ludwigia. —
4 Potamogeton —
× 5 Callitriche
× 6 Valisneria —
7 Ranunculus —
× 8 Utricularia —

NB Those with × are to be preferred.

Case of Influenza Complicated with Cancer.

Sept. 10/58. I visited Mrs. George Bil. 16th.
in consult. with Dr Fricke. She had been serious
weeks ~~etc~~ sick. The chief complaint was in
the abdomen. Constant distress. a face expressive
of gastric disease. The abdomen presented a
conoidal swelling like that at the 5-6 mo of preg-
nancy; being chiefly at the umbilical region.
This. and not the diffuse swelling of ascites
or peritonitis. This indicated a localized of the
disease in the small rather than in the large
intestines. This abdominal distress for a
while yielded to an extreme & rather dyspnoic
palpitation of heart, which having yielded
to Hydrocyanic acid & Valerian. The abdom-
inal distress returned. But now the distress,
seems more in the region of the large bowel
& the section was in the form of a hernia or
stercoraceous congestion & spasm. Then followed con-
stant vomiting & pain & finally death
Autopsy. Cancer & thickening of omentum. Cancer
of the pylorus — cancers bowel in the illeum
redness of the mucous coat of illeum.
with
1 Serum in abd cavity. 2. fibrous adhesions
of the small intestine. — adhesions of the
left lung.

over

Abs:

1st Schirrus of the omentum. (entire)

2. chronic form adhesion of transverse colon, to the under surface of omentum

3rd Schirrus of the pylorus. (lb)

4: small schirrous bodies studding the under surface of the peritoneal coat of the ileum

so much for Cancer.

5: mucous surface of the ileum presents a congestion of a producing per color. extensively in linear patches.

6: Thicking of the parietes of the ileum: but without evidence of cancer cells. Was it not an deposit of fibrine.

7. Fibrinous deposit on the serous surface of the ileum & jejunum & colon. adhering them together: but not as in peritonitis in the abdominal peritoneum.

8. Transparent amber color serum in the cavity of abd:

These are the results of Inflammation.

Q: Can Cancer produce Inflammation

Tussis Hyoidea Matronii.

A dry convulsive cough excited by any ~~mental~~ ~~and~~ emotional excitement. Pressure upon trachea or upon larynx gives no pain but pressure upon the ends of the os hyoides is intolerable & excites coughing. It resists all the ordinary remedies.

Mrs — broke an engagement of marriage. She became attacked with a dry convulsive cough which baffles all ordinary appliances.

Mrs — on the approach of her husband became attacked with a dry convulsive cough.

Mrs — exposed her head & neck at the window of a car on an unclemant night. A dry cough with blue very thick cannot. They both continued for 4 weeks. The cough was without pain or expectoration. and on the fifth week fatigue & rain on the loss of manager they almost disappeared.

Nervous diseases are worst in the morning.

Blood diseases are worst in the evening.

Paralysis.

John Constable. aet 74 yr.

On Sabbath Oct. 17th/58. He suddenly fell in his chamber & was unable to rise.

He was lifted into bed. I visited him at 10 Am & found him with loss of voluntary motion of right arm & right leg with loss of sensation of both limbs yet with perfect soundness of mind. in also the faculties common to his time of life.

On Monday Oct. 18th/58. I found that the loss of sensation & motion of the arm & leg was increased & that also the right side of face drawn & canted an obliquity of the mouth: but his mind in full strength & I therefore regarded it my duty to suggest the importance of settling his worldly affairs as the disease might gradually increase upon his mind, that now he being able & conscious it must be performed quickly & duly.

The Autopsy of T. P. Spankank.
by Dr J. Warren & Dr Warren Nov: 5th/58. 11 PM
at Chesnut Hill.

Habitude. Extremely Emaciated. The integument over the abscess in the left iliac region was flattened as though the pus has in some way disappeared been removed, and was spotted over with dark petechial spots. The other portion regions of the abdomen were greenish & distended.

The abdominal cavity being opened, the diagnosed position of the abscess was demonstrated to be in the parietes & not in the abdominal cavity: but on removing the abdominal wall ~~the~~ its peritoneum was found adherent to the omentum & so shut-in-called. Not it respiration & ~~dis~~ caused a discharge of pus from the abscess cavity. The intestines have color of a dark & leaden hue. The rest of the intestines were distended with gas — evidently postmortem. The stomach was without disease. But the Pancreas was disorganized & of double its ordinary size. He drinks & has been for a length of time dyspeptic: which accords with his dislike to fat & grease.

Thorax. Left lung collapsed & without tubercles & effusions. The right was adherent & has some blood, but without the ordinary venous congestion. The apex contains a few tubercles.

The Heart was empty & one ½ the ordinary size.

Dr Fricke Case of what is called Typhoid Pneumonia.
Poplar Dr & 3rd Nov: 4th/58. German Girl.

1 Lividity on the Back.
2 Short, quick inspiration & long passive expiration.
3 Scarlet brown patches in both cheeks.
4. Eyelids (upper) retracted
5 Alae nasi quickly dilated.
6 Pulse small, feeble & 108.
7 Tongue entirely clean & healthy.

~~NB This If this~~

Auscultation. Fine crepitant rale in every part of both lungs.

NB. If they be Pneumonia. It is so of both lungs & every lobe. & will lead to suffering & consequently will be fatal: But not so. It is rather a cadaveric congestion of all the bronchi & transudation of serum & ~~serosum~~ they making sero-mucus flow in same as in lobes. There is also transudation of serum outness the lobes & consequent constriction of tubes & impactness of flow & exclusion of air — as physician — & in consequence of this constriction of bronchi — the blood from the pulmonary arteries cannot be arrested & is therefore retained — thus causes serous congestion of lungs.

Indication:
1 Suppose the mere fact of lungs by Cart: Ammonia
2 remove cadaveric congestion by Tartar Emetic.
3: Watch the course & crisis of the typhoid fever

Dr Fuck case of
Endemic Epidemic Scarlatinous form of Fever
The want of regard to external objects, seems to favour the idea of Synocha form of Scarlet fever. But this state may be accompanied with a state of constant fretfulness - disturbed sensation - ganglionic & not sensorial not cerebral. & is not to be confounded with Sopor of Sensorial case - commonly tuberculous meningitis -
The sordes on teeth, the epistaxis, the muscular pulse of only 120 & 108. & 96 and the ~~bloody~~ albuminous alvine discharge are indicative an endemic element. & indicate the use of Calomel.
NB This is confirmed by the case of children also dead in the ~~case~~ Dr Barton - Mary Harington.
& the benefit of Quinine in a case of Dr Wolfbeck
& To this idea we would not forget the strong source of miasm in the great inundation of the South West & the prevalency of Winds from the S West in September.
NB.
Sopor must not be confounded in Fever of Hepatic origin.

Nov: 7/58.

Palsy. Case of John Constable Esq aet 75 yr.
He has had for some years a weakness in the bladder. I've resided him medically for three years & have regarded his condition as debility of blood. his urine very less than 1020.
He has now been paralysed since 17 Oct. 21 days.
The urine is now improving but has been slightly feted albuminous with deposit of the peculiar matter on Rest of Gout & Clayton. in which Nitric acid to manifesty burns. associated with stricture & gleet: the stress evidently not so.
Mr C. is of sanguine state - a country gentleman fond & expert at hunting &c. but without intellectual tendency. Gormandizer - well developed digestive system but not central & weak muscular organism.
Now what is the nature of this paralysis.
1st. He suddenly fell after going from his bed in the morning - without previous vertigo or unconscious. as one that is suddenly struck a blow - the trochanter tear of the thigh bone.
I saw him within a few hours. and at first both the physicians ~~were~~ ~~opinion~~ more favorable notion of the case - as only a ~~contusion~~ concussion of the muscles for an accidental fall.
He had to be lifted into bed & had the use of right upper & lower limbs. The next day the right side of face was fallen & the mouth

obliqu. yet the tongue was not obviously projected.
The third day. he was carried bettr & the
~~on~~ muscles of the shoulder. hand & ~~the~~ knee joints
restored - but not those of elbow - wrist. fingers
ankle & toes.
Sensation which had been much impaired
was now also restored -
But the urine was pale, alkaline &
contained much ropy mucus at the
bottom of vessel -
Retention of urine. but not of feces -

Bad Symptoms.
1st Loss of motion of muscles of elbow wrists
fingers. ankle & toes.
2. Retention of urine.
3. Urine 1013. alkaline. & very pure mucus
4. Thickness of speech. 5. Thickness of speech

What is the cause.
Is it: Neuropathy - (cerebral, Dissociated - spinal, -
Diseased
cerebro-

excito-
or. peripheral - cystic - emotion. Febrile - sequelæ
cope - matter. stimulus. being very common
~~catch~~ Cardiac
catch. - shoulder

Is it. Myelopathy. Shock or Debility.
or the Nerves.
Debility in fever.
Encephalitis fever.
Loss of use for bones & tendons.
only degenerated fibres.

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Neuropathy.

Concentric.

Cerebral. Can Bow, Rilles, Bright - & ~~hair chalk~~

Deposits. Chalk -

Softing.

Sensorial. Bright chalk. Erotic cases.

Spinal. Stamburs. Stavenhale,

Eccentric.

Peripheral. Brad cose. Mitchell. Hunter

Cystic. Ich Martin.

Erotic. Stamburs.

Febris de genitis.

Enchemia

secondary blood congestion

Epilepsy.

cahiles congestion & hemorrhage

reflex from mucous surfaces.

Myelopathy.

Contusion.

Oily degeneration.

Debile Depressed strength.

Absorption of muscles

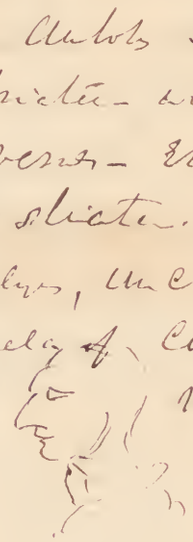
~~Ind~~

Cases.

G. W. Bright. - His infant - 7th & 8th Dr. cases of human or fruit of Cerebrum - Ears cases of Spinal injury - One Other case - Mrs Pitt case. Jos Mantle - Sarah Chuff - Jos Pauper. Slaughter - Brotherhood Boyd. Chuff. Mitchell Hounslow. Sarah Hersch — Cartwright - Rawle. Jackel. J. Harris, Jackson.

Dr Boyd Case. loss of Sensation & Motion in 2nd & 3rd fingers of right hand. recovery afterwards, & then partial & continuous loss of Sensation & Motion of hand, wrist forearm & elbow. numbness, unconsciousness, stertor & death within 12 hours. Autopsy ~~St~~ discovers softening left corpus striatum with clot of dark blood & coagulated serum - Ending venous haemorrhage. softening striatum.

Partial Paralysis, unconsciousness, stertor. Cause. Sequelæ of Cardiac & hepatic dyspepsia Melancholy. Mrs Stanley Mrs Boyd 38 yrs. of age -



NB Neurosphy. Cerebral softening cancerous. Partial paralysis aphasia. Right arm left shoulder lung & other nervous power. Sadness anxiety. Sedents stomach liver - Dyspepsia Hepatic disorder - Cardiac. Sigmoid - softening left striatum -

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Death & Burning of Gale Bladdr for
Theft.

you may meet him there.

The relations and friends of the family are respectfully invited to attend the funeral, from the residence of his parents, Montgomery street, one door below Front, on Thursday afternoon, at 2 o'clock. 793**

On the 23d inst., JAMES J. KANE, aged 25 years.

The relatives and friends of the family are respectfully invited to attend the funeral, from the residence of his father, James Kane, No. 726 Carpenter street, above Seventh, on Thursday morning, at 8½ o'clock. Funeral service at St. Paul's Church. Interment at St. Joseph's Cemetery. 39*

On the 23d inst., HUGH QUINN, aged 45 years.

The relatives and friends of the family are respectfully invited to attend the funeral, from his late residence, No. 1016 Federal street, above Tenth, on Friday morning, at 8½ o'clock, without further notice. To proceed to Cathedral Cemetery. 40**

On Monday, Nov. 22d, Mrs. SARAH SIDDONS, aged 74 years.

The relatives and friends are respectfully invited to attend the funeral, from her late residence, No. 924 Chesnut street, on Thursday morning next, at 9 o'clock. 31**

On the 23d inst., SAM'L SATTERTHWAITE, of Falls Township, Bucks county.

His friends are invited to attend the funeral, on Fifth-day, 25th instant, at 10 o'clock, without further notice. 864*

On the 22d inst., Mr. EDWARD IRVIN, aged 60 years.

The relatives and friends of the family are respectfully invited to attend the funeral, from the residence of his son-in-law, Mr. Robert Irvin, corner of West and Marlborough streets, this afternoon, at 2 o'clock, without further notice. *

On the 22d inst., LAWRENCE RILEY, aged 37 years.

His relatives and friends are respectfully invited to attend the funeral, from his late residence, 1521 Germantowa Road, above Jefferson street, this afternoon, at 2 o'clock. *

On Sunday, 21st inst., Mrs. SARAH HECK, in the 7th year of her age.

The relatives and friends are respectfully invited to attend the funeral, from the residence of her son-in-law, Wm. S. Hart, No. 1223 North Tenth street, above Girard Avenue, this afternoon, at 1o'clock, without further notice. *

From Mexico.

Conspiracy of the Zuloaga Government to raise Funds Discovered.

WASHINGTON, Nov. 23.—The New Orleans papers of Thursday state that a conspiracy was discovered in Campeachy on the 22d ult., which is to have been followed by an outbreak on the ensuing Sunday, when the city was to be sacked to raise resources for the Zuloaga Government.

North Carolina Politics—Democratic N.

[From the Manchester (English) Guardian.]

A Girl Frightened to Death.

An inquest was held on Monday evening, at Mr. W. Sutton's Much Hoole, near Preston, touching the death of Marth Spencer, a girl 13 years of age, who came to her death through a most shameful joke perpetrated on the preceding Friday evening. The following evidence was adduced:—Bridget Riley, a factory worker, said the deceased also worked in the factory. On Friday night last they left work together, a little after 6 o'clock, and in company with five other girls, went along the turnpike road leading to Liverpool. They had about a mile and a half to go. When they got near the Primitive Methodist Chapel in Hoole, they saw a coffin lying across the footpath. When they got within four yards of the coffin, it moved, and a hollow sound came from it. The girls all ran back and screamed.

Martha Spencer and witness were the only two who got near to the coffin. They ran back about fifty yards, and came up with Joseph Gill and Jane Hinde. Witness and the deceased turned back with them, and when they had got within five or ten yards of the place where they had before seen the coffin, they saw Richard Forshaw and Robert Mawdsley (two apprentices to Mr. Howard, wheelwright, of Hoole,) with the coffin on their shoulders. It was not quite dark, but dusk. The deceased said she was rather frightened. They did not speak to the two young men. The deceased turned off home when she and witness had gone about half a mile further.

On Saturday morning the deceased was at work as usual, and asked witness if she had forgotten last night, but she did not say much about it. She then fell ill, and died in a few hours. Henry Hunt stated that on Saturday night witness saw Richard Forshawe in the club-room at the Rose and Crown Inn, at Much Hoole, and said to him, "You are a bonny fellow to go and frighten children so." Forshawe said, "We put the coffin down, and tied a string to one of the handles, and Mawdsley went at the back of the hedge into the field with the string, and I went into the ditch on the other side of the road." Forshawe also said that Mawdsley pulled the string when the children came up, and moved the coffin, and that they were doing it for a lark to frighten the children.

Mr. W. Howitt, surgeon, Preston, said he had made a *post mortem* examination of the deceased, and found the cause of death to be rupture of the gall bladder and extravasation of bile over the internal surface of the intestines. The external surface of the stomach was also covered with bile; the interior contained a quantity of mucus and coagulated blood, and the whole of the lining membrane was very much congested with blood. He had no doubt that was the cause of death. The probable cause of the rupture might have been the fright she received on Friday. The jury returned a verdict of "Manslaughter" against Richard Forshawe and Robert Mawdsley, and they were committed for trial at Lancaster on the coroner's warrant. Forshawe is about nineteen years of age, and Mawdsley seventeen.

Miss Ann Taylors Relapse.

After some weeks medical care of Miss Taylor, I regarded it a duty to inform the ~~Brother~~ & the Brother in law Mr F King, that I believed she would not recover from her sickness: & that a depletion ~~by~~ of constant dosing had come upon her which I believed would gradually increase so that eventually ~~the~~ she would not have mental activity ~~&~~ nor sufficient energy to transact whatever working matters ~~should~~ she might have to do. I therefore so informed Mr F King her brother in law, her brother & Mrs King her sister on the ~~fat~~ afternoon of Nov 26 1858. and at about 5 PM of that day. I felt it my duty to state to my patient that the drowsy & wheat nervous exciting owned likely increase & result in a few days in such feebleness of mind & body as to prevent her transacting any important working matters which she might desire to transact.

This wound her. She had I understand words with her Brother & Sister & made them both. At my visit next morn. I asked her

the time of day, It's about 4.0 clk – This was correct
What is the month of year now 1118 – This was
correct – How long have you been here 11 yrs.
about – This was correct – When did you
formerly live in Rhea Co. What ~~was~~ is the
month of Rent now. 30 – The Oct month –
Both answers were correct –
I regard her on the day of preceding as
sound mind & memory –
Her disease is of a dyspeptic nature
causing misperceptions & blues which is
attended with disorder of mind which
gradually so ~~overcome~~ her that there
will be a gradual undisturbed &
necessarily to think, feel & act.
The following day she was also
in sound mind & ~~not~~ memory.
On the 28 inst she was more feeble
but less dimmy. Her dreams were in
characters depicting things the
day.

Dr Finch Decoc of Red Bark with Phellandria
3ss & 3h.

℞. Red Peruvian Bark Pul.: ℥i
Dilute Sulph. acid ʒi
Decoc with aqua ℥xii
dimidi —— ℥viii

When nearly done add.
Phellandria aquatica ʒii
add to Decoc.
Syr. Aurant. ℥ss

Mix. ℥ss & 3i.

In Palsy.

℞. ~~Phosph.~~
olei Phosphor ℥ss
unguent: resinum
Pini Burgund ℥ss
olei Hyoc. ʒii

Mix. To rub the palsied limb.

Dr Tott cured a case of partial Palsy with it

℞ Phosph gr iv
Solution olei Papaver ℥vj
Liq ammon fort ʒii
olei Terebinth ℥ss

Mix. To be rubbed on limb

Hemiplegia

With it Dr Horn of Guernsey cured a case

2.25

Chloride of Zinc & Erysipelas

Dr J R Ham, Dec/58 in Consult with Dr J Dawson & myself in J Constable case mentioned the prompt arrest of erysipelas by means of a solution of Chloride of Zinc.

NB This accords with the action of Sulph Zinc in Conjunctivitis & the mucous cavities.

It is known to the capillaries & restores vital contractility.

The Experience of Oct Nov & 1858 has been of the bracing & bracing nature & use of the Tonics during the previous years.

There is no scarlatina.

The Cases are Cerebral & Bronchial

A new Rx for Neuralgia

℞ Ethereal Tr. Gentian ʒi
Vin. Colchi. ʒvi
Cannabis Indica. ʒii
Aq. ad ℥xii at a Dose

at Wegand's Drug Store.

℞. Elix: Valer: Ammon.
2½ gt ℥ℹ ℥i.

℞. Solvent Lime for Tonsilitis.

℞ For Conchoneta
Powder Burnt Alum.
Verdegris
Pond Savin aa aa ℥i.
M

Dr Lindsays ℞ for Neuralgia.

℞ Ext Aconite gr x
Sulph Quinin. gr xx
Acet. Ammon. ℥i
M ℞ Mil xx.
One every 3 & 4 hours.

Neurospathy.

Concentrated.

Cerebral

Sensorial

Spinal.

Eccentric.

Peripheral

Cephalic.

Erotic

Febris

Hæmorrhagic.

Funeral.

—

Myelospathy.

Contusion. W. Hunter Case

~~Oly~~ Oly degeneration.

Febrile depression. Fred: Herschel

Absorption of Muscles. Re Case Mussedan.

Hospital Fever in Dr Barlow Barracks.

Phila. Dec 17/88. Dr Barlow Barracks arrived at my house 1120 Arch: from New York on his way to Quincy Illinois. But felt so indisposed that he determined to remain with us a day or two. The two previous weeks have been spent in visiting relatives about N.Y. & up the Hudson at Newburgh & Fort Kyle. The weather was cold & damp & at this period the travelling on the Hudson is hazardous. He has been also much exercised in mind about leaving home permanently for the West and hence he has just become engaged for marriage.

Previous to the said 14 days he had been engaged as resident Physician in the N.Y. Hospital in the fever-wards.

His indisposition assumed a fever form. of rising & loading of a cathartic, pulse excitable & frequent. 120 & 130. urine deep brown red with gamboge edge. tongue coated white with yellow streaks down its sides. Skin heated. nights restless & wakeful & loss of appetite.

On the eight day a deposit of urate of ammonia appears in the urine. & a petechial form of eruption over the whole body — & when the skin of abdomen was stretched with the finger a very persistent red line was made —

The second week was delirious. The delirium increased during the night. pulse rapid & frequent. Urine of brownish red color. Skin heated & eruption continued.

The 14 day presented copious deposit of urates of ammonia. & a fuller & less frequent pulse & a profuse off of the delirium & less prostration & some albumen.

The 21 day had no delirium but the urine lost its brownish red color & assumed an orange color - more abundant & clear.

& so the eruption continued until the 28 day when the urine became of normal quality of an approach to lemon hue - & a pulse relieved of emotion, intellect. & desire for amusement food & for society & for her Lord!

NB Here is a review of the 28 days duration of the essential continued fever. & Rest ale the fever of Thirsten & Restless for & ie - is only a poison in the water of the blood which determines sensation, depresses strength & disturbs faculties emotion. passion & function & in 28 days has lost its power & the system returns to its normal state.

Twelve Hæmorrhages from the Lungs within
Three weeks in the Case of
George Harrington Esq aged 25 yrs calculated
with Catarrhal Influenza in Dec 58 & Jany 59.
Wallace abt. 11 st.
Tomorrow Jany 23 st. will be the 21st day of the attack of
Lungs and I do predict that the liability
to Hæmorrhage has passed because there is no
for the 6 weeks of sickness from no depression
of spirits & no serious congestion of lungs – the
cause in this case of the bleeding – the Hæ-
morrhage was dark & disposition to clotted & not
without frothy.
PS. Pulmonary Hæmorrhage
1st Frequent recurrence & associated Tubercle
case James Johnston Blackberry Allers
2: occasional recurrence & accompanied with
Lobular congestion
case Mr J. Phillips
3rd Copious Frothy Hæmorrhage & associated
with Serous & Sanguinous Expectoration
J N of Bangor & Mr in Tenerife
4. occasional Hæmorrhage only at Youth
& Lasting at 30 yrs
case Mr J Westbury.
5:

Phila. Feb: 12th '59.

I was called to visit the daughter of Mr Sanvier No 3. Plymouth & 20th St. in consult: with Dr Wellbank. The symptoms were stupor, pulse extremely frequent and contracted ~~and with~~ and paroxysms of diastaltic convulsion.

The patient had then reached the day of the disease. The symptoms of the previous period of the sickness where abdominal among which were prominently diarrhea and meteorism.

We regarded the case as a sensorial form of Scarlatina: and ~~prog~~ from the extreme contraction & frequency of the pulse at so late a stage as the day prognosticated death.

The child died on the 13th at 7 AM.

An autopsy was made on the 14th by Dr James Darrach & his student Mr Willm Whisler in the presence of Dr Wellbank Fisher and myself.

The skull, cerebral membranes and brain were fully displayed and not a sign of ~~disease~~ disease could be discover. I had predicted at least capillary congestion of the membranes of the sensorium and upper part of the cord with transudation of serum.. disallowing the ~~too~~ popular notion of Tuberculous meningitis.

Happily the operator determined to continue the
autopsy by opening the abdomen: and to our common
surprise was discovered a universal adhesion of
the intestines to the parietes peritonaei with cartilaginous
congestion, transversalis fibres & tissue: & peritonaeum
in the female bowels.
NB. The case evidently was ~~case~~ Epithelium fever
with previous calculous congestion of the mucous membrane
of the ileum & jejunum with a want of centrifugal
secretory congestion of the skin & a tendency fibrous
congestion of the peritonaeum. or as hydrotherapy may have
known as febris hibernica. & such as occurred with
a patient of Dr Fischer. & resembling that subsequently of Rebecca Hoff age 24y - 18

Rebecca Hoff age 24y. 1840 March 5th she had had
scarlet fever 2 yrs ago - & subsequently a
severe bowels complaint -
Feb: 24th/59 Thursday morning she, after 2 days heating - was
attacked with profuse vomiting. I saw her at 11 PM
she state continued to vomit: the congestion of the eyes
lips was abnormally congested, the tongue & lips also abnormally red, scalet. the pulse contracted & feeble -
I requested a small mustard plaster to the epigastrium &
R. Ext Belladonna. & the Cont Inc the 8 PM. vomiting had
ceased but pulse contracted & 144. Cont Rx.
Friday 9 PM. No more vomiting. Cont Rx. 2 p PM 3rd & the

Saturday 9 PM. Pulse less frequent & contented. Urine of a light amber colour. Abdom. tenderness & pulse not less tender. Rh. Absinthe powder one minim placed on slightly reddened & moist abdomen.
3 PM. Less. Tongue with moist cover a clean patch & also scarlet & congested of exactly also congested & scarlet pulse reduced to 120. No urine here passed since commencement of treat. Rh. Gum Arab. water &c. Rx. Rh.
I regard the case extremely hopeless. with hectic to foreshadow fatal.
Sabbath 9 PM. Pulse reduced to 120. Lips Tg & eye lids unusually less scarlet. The minimum pulsation of 30 to 35 of flow not reducing the quantity of minimum was increased in quantity so that the surface of abdomen became too much reddened & therefore omitted for the night & an enema administered with the absinthe powder enclosed. No urine was also discharged: there is a slight cough. Cont. Rh.
5 PM. Pulse 120. more contented. Lips & Tg more scarlet: There is more cough & a thick brown phlegm.
NB. This is a case of Scarlatina - febris intermittens of a pronounced congestive character of the mucous membrane of the throat & a tendency fibrinous congestion of the bronchial cells & tubes of the lung or of the bronchial tubes. If the cough more complete & a wet check the I should conclude the bronchial or pneumonic stage of the complaint —

Monday. 28/59. Pulse reduced to 108. AM. & 120. PM. cough & bronchial respiration above now without dislodgment & without remission. Urine ½ & ever has left scarlet.

R. Cont Bro. Cast Iron & Sp. Ether

Tuesday. March 1/59 9 AM. pulse 96 & large. urine in excess. & quantity increased. Urine ½ have lost entirely the scarlet hue. congest of epithelial cell congest & smoothness scarlet. Bronchial rales continues. & cough.

NB Carefully congested with fibrous hemorrhagic & pus formed

1st pus Base & white substance of Brain.
2: Pleura & Pericardium
3: ~~Palatine~~ Fauces.
4. Trachea & Bronchia
5. Jejunum.
6 Ileum.
7 Large Intestine.
8. tubular secretion
9 tubular obliterated
10. Pneumonia – lung cannot absorb.
11. absorbent glands
12 sebaceous follicle & cellular tissue.
13. diseased cellular tissue near bone

Wednesday. March 2/59 9 PM Bowels moved at 8 AM. 7th day of attack – healthy feces – ½ inch diameter. brown, 8 inches long.

NB. This is another instance of harmless absence of alv. evacuation for 7 days, & to the uselessness of purging in Typhoid fever & the hitherto of injury of purging. scarlet color has disappeared since 9 6 – & urine has much

Hydrophobia - Peter Brady American -
Feb: 26/39. aet 40 yr - a Hostler
He had been bitten two months before by a fox in the
nose - No morbid symptom was manifested
until two days - Then he began to appear to Water.
He & others were employed in throwing buckets of water
upon a horse & witnessed when a sudden spasmodic
sensation came over him. Subsequently he desired
drink & yet had a horror of drinking. The sight
of drinking gave him a shudder. Then he
had fear & apprehension of hydrophobia from
the bite of the fox two months previous & stuck
to it - It was called in consultation.
He has a staring look as if one in terror. has
perfectly sensible & rational & seems to rely with
much energy him. He gave me a full
& satisfactory & detailed account of the whole matter
I then asked him to drink - & yes he drank
I did - a tea cup of water was handed him -
He took it after violent resistance his hands
& arms & gesture as spasmodic effort
gazzelled at them & then the tea from
him in agony - says Phew! Phew!
Do not I do it - yes. yes I can.
~~Dr. Dyspnoea~~. I examined his fauces &
found it with a dark red congestion
Dr. Dyspnoea - & the attendants & friends

I saw him the next day — He is very unwell
Stony face — & expression of the face of the dead
death set on him the face ~~[illegible]~~ the
deep prevision — His pulse was very weak —
He seems to a developed power raging in
his blood which must kill him
He died the evening of the day. 25th ult —
This was water —
Constant drinking of cold water when
ever he found himself in drink —

—

Another Case of Enteric Typhoid fever in the Feb & March of 1869.

Samuel Hoffman aet 40 yrs 12th Grey.

He has been disturbed in the bowels since the 25th of Feb. On the 1st of March he sent for me. I found him under fever & prescribed Calomel. For this I prescribed rest — and Calomel i Pulv Ipecac gr iv Opium gr i mixed & divided in one every 3 hours at 5 PM.

March 2nd AM 9: I found him without relief from the Dy. This induced me to regard the case more seriously: The pulse was contracted & frequent. Skin heated & sharp & dry, urine of high brown colour, and the alvine discharge a peculiar diarrhoea as in typhoid fever. I percussed the abd: but found no special tenderness nor gurgling in the cecal iliac region but. on the contrary the pain from percussion was confined to the umbilical region.

I diagnosticated the case — enteric form of Typhoid fever. the seat of the congestion of capillaries being in the back of the ileum.

The Therapeutical indications were

1st. Gentle to abate & control the essential fever in its course of 4 weeks by Tyson Antiphlogistic & Sulphuric Mixture.

2. Special Indication to remove catarrhal congestion of mucous surface by substituting cutaneous catarrhal congestion of abdomen by mustard plaster & above. Ice & mustard back no power —

NB. The month of Feb & March seems to be marked by enteric form of Scarlatina or Epidemic fever.

vs. Lore Jarvie - enteric peritonitis - and Dr Wilbank case

Reb: Hoov. Gastro enteric-bronchial & Thy case

Same Hoffman. Diarrhea - diphtheritic region.

Mer & Quarlet.

Weekly medical meeting of Medical Club at Dr Fricke, March 14/59 Monday evening.

Dr Fricke stated a case of Erysipelas volitans attacks the left thigh with edema & redness without phlebitis sprinkles with varicose or varicella & then with the same sprinkling of eruption, a swelling & redness of the right foot & leg. & then the right thigh &c. with epidemic form.

I stated a case of scarlet fever different redness & then a positive small pox in an unvaccinated infant. In 1825 small pox epidemic.

I stated a case of vaccination which had advanced to the 8th day when measles appeared & the vaccine ceased to augment in size & so remained stationary until the measles had disappeared, when again the vaccine resumed its progress to a full & ~~natural~~ normal cicatrix.

Dr Fricke stated a case of Chancre which ceased to progress ~~when~~ when the appearance of a small pox eruption on the same person & upon its decrease the chancre it resumed its action or chancre.

Sensorium for

There was now a fixed condition of fever. I advised the patient to cease being up & being resort to bed & and to be in bed in a dark room. Sensorium confused

Wednesday 30. ~~Thursday~~ 3 days The pulse 108 AM. 120 PM. sensorium headache pain in the head & dry cough. Pulse

Ry. Tyson, Ant P: Chlorate Potash, fomentation to the feet & dark room.

Thursday 31. ~~Wednesday~~ 3 days p 108. 120. head relieved by fomentation. cont Tyson. Bowel cont relieve - Chiefly.

Friday Apl 1. ~~Thursday~~ Friday. p 108. 120. Bowel c cont Ry

Mustard & abs pulse & hot c. to abdomen.

Saturday 2d. The abdomen dull sensitive on a constant rolling & move - & the bowel continue lax pain & ~~more~~ the sensitiveness more burning & soreness the medicine remove -

Ry. Sulph Quin gr i ½ to be & the day the administration hence

Sunday 3d. 16 days. Bowel continue lax & medicine also has caused abs. ~~pulse~~ pulse cont - mentioned continue pulse reduce from 96 to 100 to 86 gr - abs

Monday 4. 15 days - cough. ~~in~~ day & sleeping & diarrhoea & exhaustion & delirium attack & relapses Ry Cont: Can medicine a cotton ~~a~~ uterine discharge of blood blood - although the hemorrhage has been but a week previous -

Tuesday 5. The cont - bowel - cause & from no diarrhoea but a great severe burning sensation at the lungs - which a given burning cough - but no hysterics. ~~no~~ Pain cont. better. bowel well. urine abundant & short gr 1090.

Wednesday

Saturday 6. ——

Thurs, pulse Cerv & tongue comfy. 30 —
~~Saturday~~, 7: 84. 96. — ~~her~~ ~~the~~ formed sputum — no — an
increased cough — lepse cough — Sp g. 1010. — 1008. & 1004
1004. at subsequent exam — for 7 d. — ~~they~~ exp anxiety &
~~to~~ worry spells of dry cough hard cough. as the
the when bronchial irritation was relieved. a constant
feel of nervous. & aversion & disgust to liquids &
when I ask she says oh dear let me sleep. I
want to sleep. yet when roused ~~she~~ she has a
perfect & quick answer — & let alone she spontaneously
fetches out a scripture — she is hearing — Sadness —
~~The~~ she is deaf — she the gums bad. yet
Sun ~~was~~ continues so —. Ry. Regular Pulse very
~~Monday~~ 8 — irregular — but never the a beat
angel & pulse. crept in — been
of late as the sister the effect
Saturday of her sick condition —
~~Tuesday~~ 9. 96. 84. urine 1004 1004. Cont. answer
~~Wednesday~~ 10. 84 84. Mixture to inc. Nux Vom — Bicarb.
~~Thursday~~ 11 Consult with Dr. Peppe. He talks Not of Typhoid
Friday 12. Cont. with Peppe. He says it is Typhoid — yet adopts my
~~Thursday~~ 13 treatment. but digest Quinine & a diaphoretic —
Ry. 5 drs of Mixture to be given q. 2 hours — Bicarb 3i q. 2 h
Pulse full — very weak, jerking. 84. but 2 any extent 96. 108 &
stupor — yet perfectly intelligent — deaf — very ~~some~~ exciteable
& 2 any irritated. & anxious — urine clear 2 qr. 1012. fecal ~~and~~
15 ~~Cap~~ ~~Faint~~

~~[illegible] a fixed condition of fever.~~

~~N. Typhus Ad Febre & chest Pleurisy~~

1	Faintness	Stomach
2.	Bowel complaint	Large bowels
3.	Cough	Bronchial
4.	Headache.	Band Brain
5.	Bowel complt.	Large Bowels
6	cough	Bronchial
7	Sopor.	B of Brain.

Wednesday Apl. 13th 59. day of sickness 10 Am

From 10 PM of 12th to 2 Am of 13th she was restless & cough a great deal - (the day bronchial known cough) constantly in a fret & saying Oh I want to get to be me sleep. At 2 PM she became to be restless & fretty & hard, apparently, a sleep until 7 Am during which hendiste awoke her hourly to take quinine pills. At 6½ Am bowels moved smell soft Scybella from face to Lumbar region & then with blood - again at 6¾. 7½ 8½ & 9½ ale said Scybella & with blood. There was a sprinkling of blood on the side of the rectum - as was so often the in hemorrhoids owing to the congestion of the rectal veins from the forcing out of the feces. & the subsequent straining. I therefore judge that there is not a congestion of rectal veins ~~&c~~ in consequence of a return of peristaltic action of the large bowels after the debility of the cerebral congestion & paralysis of the small large bowels. Prognosis favorable - but Dr Pepper

and blow!! a! blow! give Turpentine. Typhoid fever are a bad symptom!!! Ba!
The blow is one of 3 conditions from the urine & the a fatal haematuria — ~~or haematuria or~~ ~~Nephritis of large kind~~ ~~or~~ lastly congest of large kind. & by changing. or an accumulated bleeding of congested rectal veins. & bowel from congest —
She drank a pint of whey during the night. pulse 80 — The coughing is more like her habitual chronic cough. or bronchitis.
She passed the day with betterment of symptoms. & I am full less anxious. the 24 Dec. urine 1004. (I drank give Turpentine)
~~Thursday Apr. 14. 26 day.~~ The sclera is less — the urine 30 — is more related & external things.
Thursday Apr 14. 25 day
Disturbed during all the night by incessant coughing. dry. The quantity of urine passed from ~~9 am~~ 20 Mch 13 to 9 Apr 14. is 2½ pts. pale amber. Sp. grav. 1004. & does not on the slightest effect blue litmus paper. & quickly becomes of a peculiar offensive odour ale indicate, with the pulse & the excited nervous temperament, of impoverished blood. The sodden & deadness are lessened skin less heated pulse less jerking — She better I am hope ~~we~~ Bowels acted — Never no trouble of typhoid

Features of Anne Oberheimer's sickness
before the Dr ~~ber~~ presented. by Mr C
On the evening of Sunday March 20. she told
me that her bowels were disturbed several times.
I asked if she had pain & if the discharges
were copious. She replied that they were
slight but frequent & with straining – that
she had no pain except at the time of the
movement. I gave her at the time 10 drops of
Laud:
On Monday 21. the bowel compl: gradually
subsided: but it left her weak. Throughout Tuesday
there was no disturbance of the bowels but her
strength seemed prostrated yet, the longer
she kept up & spent the evening in the parlor
On Wednesday I sent her to Amboy that she
might be refreshed & strengthened by change of
air. ~~On~~ She from Amboy also ~~went a~~ made a plea-
sure trip to N.Y. On Friday she returned and
said that she had not been well all the time
she was away & had also taken cold. I sent
for Dr Darnall who took her under his care

—

Ap: 14: cont. 1½ Consult: with Dr Pepper.
He suggested Acet: Ammon: ℥i Sulph Morph ⅛ ℥ss. ℥iss
for the constant dry cough I suggested Decoc. of Bark
with Sulph acid diluted with ~~a~~ tinct. of fennel seed –
She was ~~getting~~ ~~on~~ I kept steadily of the bed
for a week which is more than she remembers

shes I now judge a sequela of the endemic fever
or an epidemic from the shock of skin from the
storm of Friday 13th March – the tertiary complaint with
hardness of fibrine in the subcutaneous cellular tissue
of the neck. This may be followed with hardening
the cervical glands –

Friday. 15th 26 days.

9½ Am. she ~~passed a restless~~ night. slept
during the night under the influence of
Acet: ammon: 3ii Salt Nitr. ℥ss 8 q 3
hours so as to have taken two doses. This
~~evening~~ gave sleep & eased the day
bronchial coughing. The ~~left~~ inguinal swelling
under the left jaw has increased & at the
angle of the jaw it is very hard & hard
the rest of the swelling is without hardness ~~&~~
lymphatics. The cervical glands have
not yet affected – She is in a steady
state. pulse quick 108. evidently symptomatic
constitutional effectment from the sequelae
of fibrinous hardening. Skin of face is white
& waxy as does that they lost blood & have
who is chronically anemic. ~~Pulse not the~~
owing to a dose can divert next Dr P. at
1½ P.M. visit at 6 P.M. she frequently increases
the consumption & frequently it quickens from
her in coughing. She feels inclined to sleep & mutter out
a patch of dreaming. & the ~~fan~~ hand & arm
are at jerking & & shaking in spasms

sensorium disturbed. & likely owing to
the ~~the~~ fibrous deposit at the back —
by a very simple —

℞. Acetat Amm. Hoffm. Aq. & Alk.
in Sol. plen. & in the Fluid Decoct Bark —
& Sulph acid — & beef tea.

The urine ~~stagnant~~ been the latter to a
blood pitchy — & is avg gt 1 p. with the
lost albumen — & is of a dark amber
She has been more better awake —
Making water act. & urine accumulating in bladder —

Saturday Apl: 17th 27th day 9th Atm.
From 10 PM to 2 AM 17th dozy & dreamy and constantly
asking for water cough very much moderated.
From 2 AM until 9th AM alternately delirious & quiet
& moved unconsciously. It is a granulous feces,
in small quantity. Cough moderated. At 10 AM
her mother discovered dark spots on the
sheets. I examined them. & judged them to be petechiae
rather the slough — for there was no arrestor.
The tonic ℥ii of the Bark & Sulph acid mix. q. h. for
2 AM to 9 AM. The pulse thready stronger.
But at 1 PM. she had a rigor. after taking a slight
of prunes, she complained of cold. The pulse was reduced to
extreme smallness — I gave milk punch.
Dr Pepper saw her during the rigor. & saw one of
the alv: deposits. He expressed an opinion unfavorable
prognosis — regard the alv: deposits as of a hearty type
& that the swelling at the jaw was a very serious &

unfavorable symptoms - & said that he had
some hope some combination
of the Barley Water &c. & milk punch
& lime water.
The milk punch & lemonade were given &
the up & depressed parts off & again
the depression as marked to the parts off
of the cerebral flow now by the 27 day
& owing to the malignant debility & the
enfeebled blood & the irritated sequelae
they prognosis is serious.
2½ PM. The depressed parts off - & she seems
has partial coma.
From 3 PM to 7 PM she has slept. owing likely to
the zi of Laud given by enema. pulse 108. & not
weak. When roused to give prescription. She was
restless - sang some songs. gave me 9 ozs. gave me 120. by
mouth hard & dry - cheeks flushed. swelling under jaw
harder & increased. there is movement on parts of the
body - Bowels not moved - & her parts left urine.
But then she is at the end of the 27 day -
Seems the fever defined & as regular - to an
exact crisis & cause death - & may
terminate life. 14. Wednesday ~~Detail~~
~~Wednesday~~ 9 PM. Stupor has alarming increased,
The sensorial disorder is becoming more settled
~~and now involving the functions of~~ as the deafness
is greater, & sight, it seems to me, is beginning to be

compared, certainly there is a lessening of its expression. I ~~afs~~ fear that serious transmutation at the base of the brain is pending & it is there in the ventricles & that death must then be.

In proof of all this from the sequelæ, transmutation in the cellular tissue of the upper part of the neck & ~~pract~~ always possible implication of the upper cervical absorbent glands - & that ~~the~~ upon the ~~sudden~~ closing up of the ~~c~~ 28 day comes the essential typhoid fever - which has assumed the form of a bubbly congestion of the large intestine; hyperæmia - (not of the ileum) of the bronchi of both lungs & ~~congestion~~ subjectively of the pleura. There is now established a typo-pathic constitutional disturbance - irritable fever - with large & quick pulse - with petechial purpura; & thinking that she has an powerful blow - indeed to the want of action in the lettuce & bran st q.d. 10 x p. I applied a blister from Ear to Ear & down the central spine to counteract the cerebral serous ~~off~~ transmitting by a mass of lettuce & absorbent occupied chemical hemorrhage &c. The blister was applied at 11 pm.

Wine & common whey allowed given during the night & from 2 to 7. then the Acid Bark decoction q.h. ~~At 7½ a.m.~~ bowels never open at 6½. surface scarlet, feverish & wild.

~~18th~~ Sabbath Ap. 18: 28 day. 9½ P.M. The patient has on the neck and shoulders for the absorption of the serum: then certainly there could not have been a serous effusion going on with the cranium when so much was taking place without — for opposite the surface as skin & the cephalic — skin & pericranium — thorax. Skin & abdominal surface cannot at the same time be transmitting serum.

~~The p~~ ~~Skin~~ The sopor is greatly lessened — the eye full of ~~expression~~ expression — & the mental faculty active & without the slightest obstruction from outward influence of the dura mater.

The pulse in response to stim. with lip quickened & without jerk. & lip atonic. The tongue is cleaner. & the cracks healing.

As soon the at the last day of the essential fever which for a combined subjective & objective cause, has succeeding assumed ~~a~~ ~~abdominal bronchial~~ dysentery abdominal & bronchial forms & established a ~~chronic~~ sequela of cerebral serous fibrous hemorrhagic ~~ha~~ inducing sopor & hazard of ~~a~~ effusion & ~~of~~ intense death of the brain. & as replacement of blood is of prime importance. therefore no addition to the fluid ounce nourishing with ~~beef~~ milk punch. A bottle beef tea. should be given to prevent the action of the powerful sub-mucous & sulphur glands & they ~~the~~ regulate gastric intestinal & hepatic functions &c &c

Thursday — date unk

Wednesday May 4: come here late. the park

Monday. Apr. 18/59. 29th day. 9 p.m.

She passed a restless night from paroxysms of coughing. There have been frequent wandering of mind & momentary delirium — no additional petechiae. She objected to the Bark after 3 doses on the 3rd day on picking — counts the pulse at 108 but large & with tone. out the period of fever — She has about 9 oz. of Sallock a very genuine fresh meat amounting to a stimulant. This being at the close of the calculated course of a 28 days fever favours the idea of a termination of the essential fever. She dozily, & states herself better with 3 ounces. I therefore pg. on the patient without.

The general disease of to-day essential fever & that therefore the circulation is again equalized & the function of the brain restored to equivalent circulation & that the indication is nourishment by solid animal food & dark flour pudding, or milk, or coagulation in the stomach. "Mash & mash each to expand the salivary glands & prevent stiffness of the jaw for the translation of fibrin. with beans. ½ lb of broiled tender chicken — milk with barley sweet almond. cut ~~food~~ formal at a dinner. 1½ Mx. Cornut with Dr Pepper. Ten 6 mass a strong infusion above the cinchona — This tea — the ~~tea~~ solution of anxiety of 30

The mucous on the ~~left~~ right lung of more free action than
the left — & that the alveolar dilatation disappeared — &
proved being an auscultatory tympany — as he
calls it — has not had it for a week —
In the consult: he opens at by saying she's a very sick
patient, three lungs! I've had a case seven months
symptoms came on & death & the lungs were found
~~shot~~ filled with tubercles. These lungs may be
seriously affected but be altogether — I explain
that. It was the 29th day of the sickness, that the
same cough was in always hard coming &
going in sleep & paroxysm on thr. from
irritation of bronchial nerves & extends to
& not to effects the pericardium — that she
has always been more or less bronchitic with
a congenital cough. & that she is an irritable
nervous temperament. & that I was hasty to say
that I did not think it was more than partly on
debility & irritation of the bronchi — the speaking &
painting reflex. I dwelt upon this & with
his usual positive dictation. He has in every consult
been the slave pragmatical dictator
to be listened to & to have obeyed: He cautioned
me not giving so much brandy — there is no accom-
dation with his notion of serious disease of the
lungs. (What is the nature of the present disease) He
said it was typhoid. 9 P.M. She has a continuation
of the irritable bronchial cough. which keeps her
Ps. Pancoast 31 & Bell's Ot. X11 &

Tuesday Ap 19. 30 Day. The second day of Convalescence
embarrassed by sequelæ of bronchitis of febrile
under the left angle of the lower jaw & with spas-
modic brain reaching exhausting coughing.
The paroxysm Elix Zi Blk Sulph Ammon xv, arrested
the cough, induced a good sleep & this morn
she woke up without cough, bowel compl.
& the Edema of the neck is subsiding but
the pelvic fibrin remains. This must be com-
municated into pus. Still she, despite sedatives
sleeping pulse 96. 7 Am. Progress still good.
1½ PM Consult: Dr. He made no mention of the cellulitis
& no mention! suggested Bark days of Bark-
Bar - Bark for Convalescence - to circle with bandage
I say beef - milk - cycle Brewer's yeast &
He has no pulse over at the case - He does
comfort the case. 9 PM. The coughing
spells returned during the evening & the nurse
gave ½ gr of Sulph Morphia: I found her
sweetly sleeping under the influence & her pulse
at 84. 14 Milk slightly bandaged.
Wednesday Ap 20. 31 Day. 3rd of Convalescence.
9½ AM has a night spell of coughing, of ½ gr Morph.
by enema. & then a good night. She occasionally
takes milk & with butter bread. Respiration
the ale sick throat pro. asks for beef & calves liver
1½. She is doing well & prefers to be left —
Jaber — The Bath chair has Silver st.

consult with Dr Pepper. He makes fun of prof. in. opinion ~~to the effect~~ in the chamber & to assume the & day afterwards that as that the case very his. I am sorry to confess his ignorance of the entire case & of his presumption & declaration to me in the consult room. I hope the I feel that — Better or the & take care of that — Good By — very pleasant to see with young & his of pneumo. Bal.

Mr. Bartlett says that Dr P says that she is not recov.

10 PM. She has passed the day & slept at fr. 9 AM to 5 PM without pt. fatigue & with delight. My fact also is suppose current that depression of strength was due — — the 4 fever off. Thus the conclusion is that of Convalescence: what is Relief Bark — But Dr P. is very anxious for the use Bark in. cut fever & for the a higher fever — but the case is convalescence embarrass with typhoid. Cause expect for to yesterday. February. Hereafter & may be only an incident. Bark is to be omitted Dr P. not without. Here; the 5: cases of Dr P

1. Typhoid when the clinic was not instituted
2. Mr. Jacquelin when the fever has been begun the 16 day. & the date & circumst. ~~[illegible]~~ were the bath
3. Serious progress of relapse of enteric fever by secondary deaths with hæmorr.
4. Observation of the sequelæ to the fever emerging hence death of hem.
5. Serious progress of a mere delirium-tremens case which recovered by the use of the library.
6. Bark in convalescence — 7. cases

As this Morning!

1st. He contrary possible consumption, with loss of case of life & death & the consultation when Dr C. in particular here — at 6 PM.

2d. Recapitulation the history of the case contained in the attending Surgeon's letter & of present —

3d. Takes the lead — by saying what the sent the case without ~~the~~ intimately hurriedly to the ~~Student~~ hearing of the case.

4: 1st consult: is only ~~on~~ his decision to the attendant Phys that the case is hopeless for — & when was asserted he says I can ~~grant the case~~ relieve I've very many consultations.

5. 2d & subsequent consult. he expressed surprise & fully at the bad news — as they he were the attending Physician & the case only a report of decision last consultation with the attend Physicians

6. Decline the case hopeless — to outward — at the request & just my opinion as a consult & of surgeon

Thursday Apr. 21/59, 32 days. 4th day of convalescence at 1½ PM in consult: He asks what there was any alteration. Thinks the lovely Bey, engineer about the coast — pashas engineer about the Elephant Bath — West Street — gardener acting as the attend Physician & the consult — ~~consultation~~ ~~heard~~ Regards the case favorably for the first time says that he can venture the case as the 2 days have gone & he of 3 worse I replied that the pressure

Mrs on 10th hours fits me – & Mrs decidedly infers the
Rest I regard the case convalescent & Mrs Mrs
to enter the Bath. I cannot forget that he,
has yet complete over the case –
9 PM. She has been in the frightful state day
without any appetite – & having a peculiar
hallucination of the eyes of Mrs – imagining
it hard to recent – The perceptive faculty
– plus vivacious – weak – & the formative faculty
presently objects – a weak subject mind
continually the external perceptive faculty –
Romancing – the imaginative active – the
perception – weak.

Pulse is small & very frequent &
She is restless in body & mind – &
is constantly picking her mouth hence as
she wishes to be in bed.

N. Good morning Enema & warm water
to remove fridges.

Friday Ap. 22/59 33 day. 5 day of convalescence with
embarrassment of fitness hemorrhage at the lungs
Dark subdrumine & she may be in the carnival glass
& with mitigate fever – prevent the exhibition.

Opiate Mix: She has, notwithstanding the urgent of 8/8 mix
fever & state of Blk Urts, passed a very restless night
with hallucination – & mr she, sitting up – drowsy
& with hallucination & pulse small & rebound &
the fever is subsiding – Im alarmed at
the small mitigation

I am again deeply anxious. The small weak frequent irregular pulse, the hallucinations, the return of ~~ca~~ ~~ch~~ white patches on tongue, the extreme tumefaction & now purple mottling (septicaemia) the fetid alkaline urine and indisposition to food increase — able to declare that the state of convalescence is serious & extremely embarrassed by emphysematous lung and ~~irritable~~ ~~co~~ emaciating general irritative fever sequentes, feeling heaviness at the neck affecting the brain. The danger is not ~~lesion~~ disturbed function of cephalic thoracic abdominal organs from capillary congestion from loss lesion of the brain. but ~~at~~ marasmus & debility from ~~to~~ natural exhaustion. & want of replacement of blood & force & ~~exhaustion~~ reduction of nervous power by want of sleep — she is below the point of sleep & has fallen into fidgets.

6 PM. She is not sleeping, the hallucinations have passed off & gone place to relief of spells of dry brown coughing. The urine is again low albumen with tubercles — pale amber — fetid & alkaline.

Is the albumen. & with tubes. She is been benefited by the milk punch & the mustard fomentation to feet.

℞. Elix vitriol ℳ iij q.s.h. Elix Bark. Milk punch cream & milk. & when obtain. buttermilk — Indication. Restore the blood. & watch the time of irritation for the development of fever. at the same time patches seen & that on the same as a blood blister. & may be a bad one —

After the irritation of the secretion is over the system will resume its desponding cachectic state of nervousness — anxiety anxious — & ~~[illegible]~~ what ever will be said degrees the thing. What of mind next — What of cream —

Saturday Apr: 23rd 34 days. Under the 15 drops of blk drops she passed a quiet night. The fidgets & shallow excretions have passed off — but she is passing 3pts of urine in 12 h. = 3qts in 24 h — pale, limpid, alkaline, sp. gravity — at 12½ AM she is sitting up, enjoying shampooing. has taken the Elixir: & Elix: Calcareae: cont.

1.30 PM consult: He, for the first notice that the bowels is distended & aching. makes an opinion about the bowels — expects stools & gives directions as tho' he were the physician & was the consulting physician. with two or the guards-deck & one & I dispatched — With me he announces the new fact for my information that the bowels is swelling & distended — & adds I in sorry first. it must irritate the system — I & notice that the bowels have been absolute. I replied that the transient fever which chills made the bowels absolute & but that the solid hardened fecal which constitute the hardness can only be removed by medication not force. & for several days the constipation was embarrassing & a source of the constitutional effect must for some future mischief & that hence this the the urine was 3qts in 24. alkaline, low sp. gr with albumen. So this he gave assent by direct my attention to liability to bed sores & the mode of avoiding. I replied that the mode has fully occurred to me & was an old pain nerve — He is fussy — & [illegible] & not [illegible] & is [illegible]

9½ PM She has been doing well enjoying the shaken
& pebbly at supper - & take coffee & cream & milk
Her hearing must be improved - feel life quiting &
equal & large - She has some muscular strength
But there is a purple spot on the forehead over
the sinus frontalis lump - D & S has sent a
splendid bunch of flowers today patient - the

Sabbath Apr: 24. 35 days. 9 AM. Wakeful restless night
owing to pain in the absence of the nurse which has since shown
after spread from mouth - yet she took her sleep
in bed & still & v little dreams - since 8 PM to 5 AM = 9 h
she has passed 5 pts of urine - clear & colourless -
The last 24 h. she has taken. 3 pts of milk. 1 pt cream
a glass of brandy - ½ pt of Champagne with 3 small
cups of coffee. bit of cream toast & a mouthful of bread
& butter. She, getting up - glancing over book after book
& again the same without recognition with a trembling
hand & arm. frowns when explained objects without
regard to persons. but even retains her faculties
Calculation - a sort of amnesia in fact. & yet
what strict respecting when entering Sabbath -
or reference for humanity & very clean & dry
after a spirit chill - Bowels move - & passing
bowel - & normal
to count out - Bath & Tube vol. & tract. values

Monday. Apr 25. 36 days. 9 AM. She took 3 i & 3 h for 3 hours
syp Lactucarium yet without effect. But it
the lower blood & prevent sleep. The remedy
is not anodyne but force - better blood -
she is getting. & wants a hot out at the hands
head & neck - never breath or other organs
relieved by chisel

4 pts of urine in 12 hours — = 4 qts in 24 h. & this clear — without albumen — but contains sulphates & chlorides. No albumen in the urine discharged at first for hours — probably 96. Evidently the contents of the deposits fatty — has fatty arms & the case is not necessarily means cancer for want of blood —

Yesterday narcissus is the present condition

9 p.m. still sitting up & moving about quite well — was actually knitting stocking with a trembling hand & a trembling plant in one with distinct well. saying "Wont you give me something to make me sleep & not stay long — for I not going to stay long." Left urine for the 24 h. Same the very previous.

The fatty arms are my opinion of the case now. I stated that it was consolation embarrassed by asthenic condition for improvement of blood & for contents of the upper for the lowering capillary congestion. ~~and~~ that this contents have been entirely freeing fat — this previous ~~assumed~~ deposition & assimilation. & that consequently the body emaciated. But that this contents was at its decision. & that the deposits further in the heart acting with some more & that the blood would be — contents & assimilation given & that that the present state of state was owing to the low condition of blood. I also stated that that subjective state condition was the chief difficulty of the case & wrote the fear. Perhaps he, has thought by post for I of deposits the has not complete the case! clear.

The case may not be Typhoid fever ~~[illegible]~~ but
an ~~[illegible]~~ epidemic asthenic fever with a primary
congestion in the primary prominence of the large bowel
& an accidental & subsequent capillary congestion of
the bronchial & lung bronchi owing to congestive weakness
~~[illegible]~~ of the air tubes, & by extension to ~~[illegible]~~ mucous
membranes in the fatal case during the existence of some
colic form of epidemic fever.

1st = Primary disease — Colic dysentery, epidemic fever
in common with other in the adjacent tract

2d = Superimposed tracheal & large bronchial capillary
congestion ~~by extension to~~ owing to congestive liability
& to extension to a ~~[illegible]~~ mucous membrane at
another & distant part.

3d = incidental debility — absolute loss of nerve power
& consequent impoverishment of the blood & demonstrable
owing to fatigue & in a female at time of a weak
blood system for ~~[illegible]~~ hereditary tuberculosis
& extreme sequelae of scarlet fever.

Cor: Here the case, tho' a homely case, objectively
of a mild epidemic fever was, as often happens
one for the subjective conditions. & that even
of scarlet fever is so prone

The case objective-subjective common to the
colic-tracheo-bronchial form of asthenic epidemic fever.
hazardous death from ~~[illegible]~~ cerebral effusion — & marasmus

Dr P. was we- Rest of the Physiologic doct- which regard- local lesn- of the- & pare of lung- & Resp- its mind is fixed on Typhoid diarrhea- & pneumonia- Heart Solidism. & disorder of circulation for & the credit of the Hos—

Tuesday & Pt & I cannot consult- especially as he has been dead late- & not consulting-

Tuesday. Ap. 26 37. 2 PM. sitting up. urine 3 pt in the last 17 hours. mixe color.

She resists better, quicker & more. this enormous exhaustion must have taken the place of the weight & strength lying on books without recovery- there is more steadiness of the arm. pulse 120 not so high- the discharge for the above columns abundant pus healthy- thickest yellow- shakes more more & breathing & eat- more- & delirium & raving- Wt 1005. Urinous 3 pt. 17-

Wednesday. Ap 27 38. 1½ PM. consult: He in the room, examined, enunciated & recommended. to us Mr. C. Mr O. see & respects-!! inquires about bed sores- he forgot & in the very town & manner of Dr Meigs enquires into details, How much nourishment does she take- Mr C says that she had hay late & raw- a mixture of herring, potatoes hen, & smoke- the Dr has that can't just can her- she enjoyed the mutton, & beef & chicken. How much bran- stuff does she take- Mr C says a lot a day. He expects that, quite correct- But you dry wet. given pulse is fuller- I am sorry for it I not go some place the morning the Dr Mr Mitchell & the county woman. He says he came in drunk well I'll see you on Saturday- Meigs' advice

Sleeps in corner of about the size of a ○ Rest in chair entirely-

Urine 3 pt in 15 hours. Lessened of pale

11 Am

Thursday Ap 28th 39 days. Took Mix Blk Drops at 10 PM & had a comfortable night. a large clot slough of cellular tissue was discharged from the abscess on the neck. The swelling of the cheek is much reduced by medication & absorption. Urine in 16 h. 4 pints a lucid pale straw color Spf. grav. 1004. Slightly acid. She has more appetite eat more solids from lap of orange - drinks Brem Stout abundance with delight. Small bowels after her shoulder & back - when he not in bed. heavy mucus bell. She not only knows better but she, has chosen a date - & h day for the first smiles & has been velvet touches - lip of left - nurses Mem. bowels moved & more bilious. Eat liver, chicken - coffee cheese

Friday Ap. 29th 40 days ~~at~~ 11 Am. The depression of yesterday at 11 Am was followed fever - the night was restless she complained of the pain in the side of the feet & general muscular soreness. - all this in the hour of convalescence - but the bowels have been more - been more bilious & frequent, urine recovered in 3 pints in 15 hrs with lumbricoids - resembling amber color. the pale spf g 1008. Eat meat, & more desires her meals at the regular hour & share of the family table diet. she has received quick & better a fine - grapes. heavy ale in fever - one Brem Stout resume oranges. & beef rather than other kinds of meat

Saturday Ap 30 40 days 13 days of Convalescence

10 PM. Slept under 2 8 3 1 grs of blk Drops - more composed more pulse pulse slower 84. heavy restless almost delirious

she fussing about a new bonnet. The urine is of yellow shade
amber. Sh. grew. . The swelling of the cheek
has almost disappeared & the crop of the neck diminished
Urine is 2½ pints in 12 h. She sleeps & eats more
& feels of disposing being & consider of the day
yet in the house of Caroline.
consider the same a libel. Look less of the case
Sabbath May 1st & 42 day. 14th day of Convalescence
Passed a comfortable night without bed sores. Pulse 4 Mm
96 & full & strong. She has some wandering of mind &
emotion & has short sleep. bowels yesterday moved
& headache bilious have & constipation. Urine 1009
slightly turbid but of dark amber. Has taken
yesterday. The previous day eat more meat
& disregard the nausea but delight yesterday
the Brown stout. She has sloped up with health
& wrapped herself ~~the~~ from chamber bed. She
smoke & gone about grass. 2 pints of water in 12 hours
~~last~~. The gradual restoration of the functions
of the body & faculties of the mind & the emotion & passion
is deeply interesting. Herein is a refuting evidence
of essential fever & an argument against
Thomsonian doctrine.
Monday ~~Apr~~ May 2nd 43 day 15th day of Convalescence.
Passed a good night in all 15 hours & 6 minutes. There seem
to be a day depression of spirits & exhaustion. mind
much attracted by, or suffering from the sense
of the green, dark amber urine 1042.
mind emotion & anger on the slightest

Abortion. Phila. 1.

Mrs Hoff aet. menstruated Aug. 1st 1835, abortion with subsequent flooding Feb. 3d 1835 size of a chestnut. the ovum 60 days old.

Do. menstruated Feb. 29th 1836 abortion without much hemorrhage but much pain in the back & hip April 9th 1836. ovum 39 days old size of a large hen's stone.

NB. The ovum of 60 days is four times the bulk of that of 39 days. The rapidity of the growth of the human ovum is therefore more rapid. in 30 days = ▢ in 60 = ▢

These abortions are the 3d and 4th large size, small bones, active mind & lm temper.

Abortion threatened.

Mrs Keen aged 24 yrs 15 cal. lib. 32d month gestation, violent pain in the back and hypogastric region, Aug. 2d 1835. on 16th Feb. 1836 1st birth, male.

Mrs Horne aged 25 Shoemaker, Dec. 7th 1835 she had a show when walking 3 days after sitting upon and lifting 2c. after washing - flooding follows the show - fainting. Elix vit gtt iii-iiij q.h. at 5 PM some show cont elix vit Laud gtt xxv 8 hour cont Elix vit gtt xx the 7th gtt. q.h. hemorrhage arrests 9th uterine pain & hemorrhage resume elix vit abortion at 10 PM or 10th without pain cont Elix vit. 12th hint some show 13th get in bed but doing well.

NB. 7th fainting & flooding no pain she sleeps - abortion on 10th at 10 PM. 4th day after flooding.

Mrs Clark, Prospect alley: flooding: abortion threatened 2d 1836 birth.

Twins female at 9 PM male at 11 PM double placenta Jany 1st '36 No 75 George St. Phila: Elizabeth Norman Mdk:

2nd birth male 8 AM. Jany 11th 1836. second time removed at 8 30/60 AM: Labour from 2 AM. 10th to 8 AM 11th. = 38 hours. large male child mother small - father large. 1st birth still born small. Mrs W. G. Hey N. 8th St. she has fainting after delivery.

On the 12th severe uterine pains - causing faintings, Camph & Chin. 8 PM. 10 PM the severe uterine pains aggravated by pressure with rapid pulse, castor oil & opiat. Lund, bowels. 13th pains remitted but pulse rapid. 14th AM. pains. PM some small clots removed, pains ceased. Omit Bleeding & Gum powder. 15 small rapid pulse cont. 19th cont. wine & Barks. 29th deep sloughing ulcer about left nipple. abscess, poultice & exercise. 30th ulcer better. Feb. 1st ulcer healing. 4th Sitts. 15th Sitts. 15. chin, five lumps in left breast. 17th. 2 3 & 5 spots of sm. on neck. cal. pipe. Nitre & barley water, absorb. pond. 19th. redness over the lumps, pulse quick & frequent. Leeches. Nitre powder. 20th pain on abscess. 22nd ulcer on nipple better. lumps & soreness confined to two reddened spots, one seems to have fluctuation. 25th Sitts. 26th ulcer healed, abscess less, a painful tumefaction about the nipple. March 1st abscess discharges by a small opening. cont. Bark, tola & purgative. 20th doing well.

Remark This is the case of tedious labour and exhaustion of vital powers from too large a child causing 30 hours labour, fainting after delivery, very severe & long continued after pains, ulcers on nipple & lumps & abscess of mammae. & much emaciation & miserable future. Qy ought the forceps to have been used?

3rd Birth male 3 PM. afterbirth removed before pain at 3½ PM. Jany 14th/36. Labour from 10 AM until 3 PM = 14 hours. At 2 AM os uteri thin as paper lense. 1st position. pains now almost constant. 3rd exam. head covered with the unbroken membranes in the vulva. Birth & breathing of the membranes at 3 PM. umbilical circulation stopped by rubbing the cord. Mrs H. & Harris.

Remarks This is a case of easy labour. no after pains

7th Birth. male 4½ AM. afterb. removed after two pains Feb 3rd/36
passed very pains. much after pains camph. chin. phosp. 4th
2 hrs pulse 5th Sth Mr Ray. 12th.

4th Birth male Mr Clark: Bathurst Fr. Feb. 6th/36

1st Birth. female 1½ AM afterb after 2 pains, removed 2 AM.
Labour from 2 AM Feb 9th. to 1½ AM 10th inst. = 23½ hours
no afterpains. Mr Alex. Young. S. 12 lbs.

1st Birth male 11 PM afterb 11½ PM, cord stopped by rubbing Labour
began at 5 PM duration only 6 hours remarkable easy as well
as passed for a 1st birth: Mr Ilean Carlisle Feb. 16th/36

4th Birth male large child 8½ AM afterb 9 AM. Pains began at 6 AM
by passive evacuation of water so gently until the last 20 minutes
that no alarm was given. She quickened Oct 20/35 ended menstruation
June 12th birth March 2nd making view gestation 8m 19d. so it
was with her 3 former children. Her menstruation are of 3 days
and never ends within the 4th week after conception. some
afterpains, soft full pulse, no camphor she taken, lochia appeared.
no milk yet no rest of milk Mr Caph. 12th March 2nd 1836.

4th Birth male large 4½ AM afterb after some pains removed at 6½ by 5th
something of the forceps extraction on the head. She has much after-
pains. 7th conception: the two pills only moderated the pains
Laxative 5th. oil gave pain much afterpains yet, air dis of 1 of gum
Mr Stephens. March 3rd 1836.

1st Birth. Female 10 PM after 6, after a few pains, removed from the vagina the membranes yet in the uterus. Labour began 8 AM: lasted a 12 hours
NB. The placenta is sometimes attached to the cavity of the uterus sometimes retained in it, sometimes thrown off into the vagina having the membranes yet in the uterus. No after pains: Qy are these after pains when the placenta is thrown off by a strong contraction. It may be good practice to give Ergot just after delivery to secure the complete contraction of the uterus & thus prevent clots & pains. If pains occur the camph & opii is the best remedy. Seen 2 days after tumefaction of the placental portion. Milk on 4th day. April 5th: no lumps in mamma, but little milk infant bowels have now become yellow: (1st black, then green, now yellow) Mrs Ann Elizabeth March 29th/35

4th Birth. Visited at 4 P.M. at the return of pain something was felt advancing to descend: on examination I found in the vagina a doubling of the cord out of the vulva, & a hand out at the os uteri. on returning the hand back during a pain I found the other descending too and it returned them both during the pains which were rapid - no pulsation in the cord - rapid pains heard delivered at 6 PM she born, warm & so continued for some time then marble cold - removed allab after some severe pains. Labour lasted only 2 hours. - violent & frequent after pains with faintings. Camph & opii & warm Lam & spice applications. Mrs Hassinger May 31st/35. On June 1st more than 12 clots came away. - Milk abundant on 4 day & to this moment Oct 11th 35 Eunice sucks her.

2nd Birth male 4½ AM. after-birth after 2 slight pains removed from the vagina. small child soon, became cyan, cord pulsated 1½ minutes when stopped by pulling with thumb & finger near navel. Labour from 3 AM duration one & half hour. Mrs Duffy June 21st 36. – On 22nd no fever no after pains, bowels moved no milk yet. 23 milk has come, some excoriated 24th bowels frequently moved, chicken water, almonds.

2nd Birth female 4½ P.M. after-birth removed after some pains which soon came on. rapid labour large child. Labour began 10 AM rapid after 2 P.M. duration 6½ hours. Mrs Kennedy 307 S. 5th St. July 13th 1836.

July 15th, Mr. Conway, ant. br.

1st Birth female 4 AM. urgency pains for 2 days – long 1st stage rapid last 18th. abdomen tumid & enlarged. 14 copious inject of salt & water: instantly 2 pts of urine were discharged and the alarming symptoms removed – (a bad mover). Aug 1st fainting from fatigue no milk infant passing, sore mouth, dark green very fœcal & vit in raw water. Borax & sugar

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5th Birth 6½ AM after-after 3 hours. male Labour began at 6½ AM on 12th, waters gradually oozed away all day, occasional pains until 6 P.M. then every ½ hour until 12 M then every ¼ hour until 5 PM rapid until birth. fine child. Mrs Dirk. Markell Sept. 13th 36

3rd Birth 7 PM. female, after removed. Labour began & rapid. Mrs Barnaby 8 7

7th Birth male large child Labour began at 5 AM. slow & but slight pain until at 10 AM: after removed After 3 pains at ½ 10 AM. Labour from 5 AM duration 5 hours. Mrs Thos Armstrong. Sept. 20 36

4th Birth male 9 AM. afterb removed at 10 AM after 2 pains. Night before last slight pains in bed, occasional pains yesterday more regular at 6 PM every 15m from 10½ PM till 1 AM. at 4 AM pains every 3 & 5 ms powerful & exhausting & ineffectual, os thin thick hard neck of uterus. so also pulse tense 8 AM ℥xx tartar boraxed vigorously of uterus, os uterus & neck softened, birth half an hour after, very large male child. 10½ lb. Mrs H Darach. Sept. 23rd '36

1st Birth female 25 minutes after 8 PM. Friday Sept. 30th '36 afterb, removed 10m bef 9 PM. after 3 pains, 3rd presentation, labour began Wednesday 12 m continued Thursday & Friday. 56 hours. Mrs Williams.

1st Birth, male delivery by forceps at 10m before 2 PM Oct 4th '36 with Dr Hodge, head more that six hours in passage, pains ineffectual perineum tumid & ridgy had 2 convulsions vs ℥xx: enormous size of abdomen, pain small.  apprehension of twins - duration of operation from 15 to 20 ms. cord pulsates feebly a while - pulse also after inflation of lungs. Infant 26 inches long. 7 inches across shoulders 15 inches from occiput to os frontis - weight 9 3/8 lb - Mother small infant large. Mrs E. Dancy. 21 yrs. (see 1st case book)
NB. There was danger of ~~miscar~~ abortion at 2½ ms.

5th Birth female at ½ past 11 AM Oct 24th. circulation of cord stopped by compression near navel at ½ bef 12 m. afterb removed bef pains came on at ¼ after 12 m. found in passage with membranes & clots in uterus. Caution at time: This case, like the Cases, mild & quick.
Mrs D. G. Reynolds. 32 yr. about.

3rd Birth male: flooding. Labor began at 6 PM. birth at ½ 2. Nov. '36.
Mrs

9th Birth blk: delivered by forceps with Dr Hodge. Dec. 2 5th. at 11 AM.
Stillborn. See case book. - Mary White blk: aet 45 yr.

1837.

3rd Birth female, began at 4 A.M. birth at 12m bef 1 P.M. afterbirth removed from vagina at 1½ PM. exhausted. Mother small - infant large 12 lb. has been twice bled in 8th m. owing to inflammed udder. Jany 7 '37
Mrs R. Lelar. 28 yr.

4th Birth. male 8 PM. 11th Jany. Labor began 2 PM = 4 h. Premonitory pains from Saturday. pains at intervals of 15m. until 8 P.M. then regular strong pains; water broke away at 3m before last pain. No recession of head, cord stopped pulsating 8m after birth, afterbirth removed by a pain & exited by pushing abdom. subject to pain rib-bone.
Mrs Dermott: aet 30 yr.

10th Birth: male: still born: breech, premature. 11 P.M. Jany. 11th.
afterbirth rem at 11½ P.M. See case book. Mrs Pentlen aet 45 yr.

7th Birth: female 8th m child, stillborn, 10m bef 6 AM. June 12th '37. afterbirth 15m after birth
Mrs Wed. defect aet 33 yr. NB the former birth similar: see case book. June 37.

4th Birth male 8th m child: large. 11 AM Dec 12th 37. almost and one under pain. arrived after the birth: small feeble infant: restored by warmth, bandages, and stimulants. Mother infant doing well.
Mrs Cash.

2nd Birth. female. small, feeble, thin, like premature: 3 weeks before calculation, delicate make: at 2¼ PM. Oct. 4th '37. secundine removed by gentle pain at ¼ of 3 PM: circulation of cord stopped by friction & pressure of the uterus. Mrs W. J. Carr. aged 32. Oct. 37

5th. Birth, 1st presentation, male, fine child, born 10m bef 1 PM Dec 4th 37. aft b. 5m aft 1 PM removed after a pain from uterine cavity. Labour began at 8 PM. 4h duration – Previous birth shoulder & cord presented: left side for hour.

Mr John Hasington. Nurse Robinson

1st Birth male, large fine child. born 20m bef 11 PM Dec. 23rd 37 labour began 9 PM. 23rd aft removed 20m of 12m after a pain for 2 days Mr Harrison aged 20 yrs. 127 Beach Schuylkill:

5th. Birth. male, fat like the father, born 11m aft 10 PM Dec 26th 37. Labour began 2 hr. pain every 15m until 9 PM then 8m until 12½ PM. then 5m & rather without precedent. until birth. aft b removed from uterine cavity after a pain at ¼ bef 2 PM. – 1st birth other been twins – 2d Marguerite, like father: 3d Mary like mother, 4th Louisa died of convulsions. Mrs. Mary Delar.

1838

2nd Birth. male, thin, large head like father, small twin. Birth 28m before 12m Jany. 10th '38. last menstruation began April 6th & ended April 11th. making gestation from conception to delivery = 274 days 39 weeks 1 day. placenta aft birth removed by pain 10m bef 12 after a few pains: cord ceased to pulsate after pain after birth: fundus firm, stood quantum sufficit: Mrs Janey: aged 25 yrs: the first birth was by forceps: infant died from convulsions. Labor began 7 PM on Jan 28th bef 12m = 4½ hours.

5th. Birth. male. Labor began 2 AM. ended 5 AM. accompanied with Convulsions after 3 pains from fright again contracted of sacrum. Mr Steffler
Jany 23rd 7 AM. 1838.

Feb. 11th 38
2nd Birth, male, labor began 9 PM. ended 2 PM. duration 5 hours: aft. removal aft. 3 pains at 2 p 6 M from uterus partly: She was 2 weeks after her calculation She has no pain of her lower extremities from carriage of the dance relation has milk & child fastens readily to breast: Mr J Trybile: recd 12 rd.

2nd Birth: female: large child: Labor began Feb. 11th 38 at 10 M with a sudden burst of the water ended 27 m after 5 AM: 4h 27m: aft. birth 6 AM: aft. inspection from vagina. Mr J. W. Jacobs Sr:

2d Birth: (1st Stillborn) female, Labor began Feb. 17th 12 m ended 8 PM: attended by Midwife in my absence: Mr L. Bela: 5 R.

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2 Birth. female. 7 PM Feb 19: 1 PM: aft. removal at 5 p. Feb. 24th 38.
Mr W. Jackson: near Madison St.

4th Birth female. 10 PM. Feb 23rd. 38. Labor began 5 PM. aft. b. 5 with a few pains: [illegible] Mr Robert Clark. 16th R.

1st Birth. male. from child 2 hrs bef 11 AM. aft: 11 AM. 3 days previously pains. Labor began at 2 PM. duration 9h: in hours. March 20th 38.

1st Birth. female. 3 PM. March 21st 38. long from pain from recent state of pregnancy. Mr Jackson.

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1. Birth, male 12½ m Labor 3 pains at 4 PM. 8h. small child. 3 hours
March 25th 38. Mr Harris

5th Birth. female 12 m: March 29th 38. Mrs Taye.

May. 38.

3rd Birth. female, labor began at 1 P.M. ended 15 m bef 5 P.M. secundines at 1/4 to 6 P.M. removed from uterus after a short pain: Mrs Hey: 8th St: May 10th 38:
N.B. The 1st birth was this born, female: 2d a female b.—. 3d an male. Next birth female: the 2 previous were difficult labors, the 2d a male born in the short time.

2nd Birth. male. Labor began at 1 P.M. ended about 5 P.M. secundines at 1/2 to 1 P.M. the labor in the previous difficult. lay. child. Mrs Young Adams St.

June

3rd Birth. female. labor began at 1 P.M: birth at 1 P.M. afterbirth without pain passing at 1 P.M. male child: Mrs Snodgrass: Sherbourne St. ~~Aug~~ June 5th 38.

~~July~~. August.

1st Birth female Labor began. 5 P.M 16th ended 24 m after 7 A.M. 17th. 14 hours duration 1st presentation. Mrs John Dale aet 20 yrs. Aug 17th 38

3rd Birth: female; labor after several false alarms for 2 weeks began at 2 P.M. and briskly continued until 26 m. before 4 P.M 1 h & 36 m during which the stages were completed. after which secundines after a pain removed from uterus easily at 1/4 after 4 P.M:
Mrs. W. Dally. 9th St:

September.

1st Birth: male, 20 m before 5 A.M. labor began at 5 P.M. 12 h. labor afterbirth removed from vagina after a pain. Mrs Boon 22d Arch & Seventh sts.

1st Birth, female. 26½ hours labor. began 10 PM 15th en. set 12h 17th. child born large head like the father: small pelvis. after removed soon after. mother small woman: Mr. Louisa Turner. of Thetford.

Oct. 38

1st Birth. male labor of 24 h. from 8 PM of 12th to 8 PM of 13th. slow regular 1st position male child large head mother delicate 28 yr of age. after removed soon. Mr Hammond. Oct. 13th 38.

November 38

1st Birth. male, labor of only 12 h. 33 m. began at 6 AM & ended 12. 33 m. rather painful from the beginning to the end of labor without recession of the head at the last stage - short delicate - miserable midwife.

Mr C. D. Zach. Nov. 24th 38.
7th N.

6th Birth, male, fat child white mucus abundant: pains began decidedly, after a week indisposition, 2 days slow pains. some contractions a very painful way without any outward manifestation of pain by the patient or recession at the close, birth at 2 PM Nov. 28: after 2 hours actual labor.

Mr D. S. Russell. Hadwich.

7th Birth: male labor began at 10 PM. Dec. 20: & ended 11 AM. = 13 hours: after birth expected.

Mr J. West Speller.

8th Birth. male, labor after premonitory pains of 2 days began at 9 PM & ended at 3 AM. 6 hours labor - second removed from uterus after a few min. no recession at the last stage.

Mr C. Claughton. Selby. Feb. 25 & 26.

Cases of Obstetrics in 1839.

1st Birth Female. 43 hours Labor. mother 36 yr. of age. 29th aft. V. Mr Moore on 7th Jan. 39. Mr Barton Kaige.

2d Birth. male. Feb. 7th: ½ before 9 AM: aft. birth removed from uterus, ½ aft. 9 AM after some pain Labor began at 1 AM: at 5 AM ruptured & so continued to the birth with recession at the last stage of Labor.

Mr Wm. Haverstick: 10th St. & Vine.

1st Birth. male, Feb. 15th. Labor began at 10 AM & ended 4 PM:

Mr Ramage. Reach above 8th & Spring Gd

June. 1839.

1st Birth. male. June 3d 39. Mr Andrews: visit at 8 AM. Saturday June 1st end of 9th mo. Some pain water ruptured at 2 PM. or 4 PM. & uterine pain but not regular at 5 PM pain frequent & so began & continued to increase & regular Birth at 10 or before 11 AM. Self birth 2d child & removed after a pain at ½ aft 11 AM.

6th Birth. female. June 12 '39: ~~5 AM~~. Labor began early in the morning 5 AM abdominal pains 9 15 m until 10 AM then 10 m. then 5 m. & then abdominal & depth pain at 2½ PM pain in the back 9 3 m. birth 10 m aft. 4 PM. 1st position no recession aft. birth after a few pains at ½ before 5 PM. Chas D Hassinger.

8th Birth. female. Mr Thockmorton. June 13th 39. Labor began at 3 AM & ended 5 PM: steady pain & no recession aft. birth removed from uterus after 4 pains at ½ 4 PM.

August '39.

1st Birth: twins. Mrs Cornheim: Primi: Age 19: Male. large. female smaller: both under wt: but healthy: Mother has abundance of milk: Mr. Rc. Cidate 2 wks before of rupture of the bladder from receiving a blow in the bowels. The fluid came out by urine in bed & blood out: not excessively bloody came on a month before confinement. The labor pains after a time became intermittent: forceps used as the infants were small & in right labor: The boy was born 1st in the flat presentation & weighed 6 lbs: the girl was breech & shoulder without the arm. The rupture was healed from the time of the first. R. [illegible]

Dr. W.

7th. Br. R: Male: not a large child: Wedderburn at 12 MN 25m. Early morning: after 6 after a few minutes pain commenced at 7½ of 1 AM. Mr. Rc. at 8 AM. Some pain cracking the skin with large child in prime. Some pain at 3 PM in the back & so until 6 PM. at the last little & got up until 11 PM with intervals of pain in the back after & recommenced at 7 for quite hard at 11 PM & at 12 MN 25m birth of a fine boy: Labor delicate: Aug 23rd 39.

September '39

3rd Birth: female. Mrs: Beth Phoenix: at 9 PM: Labor pains at 8 PM. Some pain irregular very no very: after 8. commenced at 9½ for regular after a slight pain.

At birth found human mass of a thickness attached by a pedicle to the 1st bone of little finger of right hand. Mr. [illegible] where in other extremities I found to be a small finger bent with a nail. [illegible]. a white speck last slept home: Sept. 6th 39.

Left 14th 39

2d Birth. Female. Mrs Baker. at 25m before 10 PM. water broke 12 N. no pain, under 13 h 60 m. sleeps & slept the night with occasional pains extend at 4 AM. & when dilating & so with moderate pain, without expelling the cries of the mother until the birth. after 3 unions at 7 h 10 M & then frequent pain. & fr the respiration:

3d Birth Female of Mrs J Davies: at 8 h 40 m AM. Labor began at 5 AM. & no recession: aft 6 after expiration usual fr respiration: moderate shed hours.

5th Birth: male of Mrs H Lelan: at 8 PM: Long first stages, cervix gradually yielded on pressure with the fingers: then constant pain without recession from 1st onset at 5 AM. to the birth 30 h 39: when the last some gently pain & hours before the last not violent: & latter were during the first part of the day, during which general suffering pain on abdomen: neck shoulders & back: the last with strong suffering pains continued & with the violent pains at 4 PM which continued until 8 PM. after it began higher & with violent & severe but not long & regular from 7 PM: at 8 PM

November 1839

9th Birth: female: Mrs W. J. Van Antwerp: at 5 PM. Male: Left hand presented, returned & the head presented with & the labor continued from 1 PM Nov. 12th 39 to 5 PM. 4 h hours strong until the last when a forceps extractor expelled them. the person without recession & the birth. after a day & ½ of premonitory pains. the labor continued at 10 PM.

Dec. 1839

4 Birth. male. of Mr W S Hazl: see after

2d Birth. female of Mr W Hanson: see after

Feb. 1840

Mrs Wm McCormick. 12th m. above. White F. Obt: 5th Birth female. 12 m. Feb. 18th
perfect birth. recovering remarkably after a pain:

Maria: Blk. Domestic of C. J. J: Feb. 7th: French. Shilbon.

Mrs J. C. Capp: 13th mt. Obt: 5th. Birth Mal: very 2 chil: 8 Mo: after 2 weeks
previous premonitory. after: remarkably from when after 2 pain.

March. 1840.

Ellen Dowling age 26 1st Birth: March. 12th 1/2 Mo male after 86 hrs
labor owing to small pelvis & elongated head (?) effected by
small repeated doses of Ergot

May. 1840

Elisabeth Brown: age 28 yrs 2d birth. female: 3 AM. May 25. aft.
remarkably after a pain from when:

Mrs C. Cavender: age 22 yr: 1st Birth. female: May 25th 40. from 8 OM to 12 m.
4 hours labor. 1st presentation: very labor: small placenta
after birth after 2 pain remarkably from when at 12 1/2. AM.

August. '40

Mrs Young, 12th M: 3d Birth female large Child birth appears to Mon Aug 26th
recovering after slight pain remarkably from when, 1/2 8 AM: Labor began
at 5 PM Aug 25th, a slow labor to 12 M. strong pain. Mem forceps
& vulsum recapitulation birth at

Mr E. J. Jack 2d Obs. male. Labor began at 5 PM & ceased 10 A.M. & 8 PM
Aug. 30th 40.

Mrs M. Hawthorne: 3d birth: male Labor began at 5 AM. & ceased 10 & 10 AM.
& child at its parents after a painful removal. Aug. 31st 40

September. 1840.

Mrs J. Hoover jr. 6th Birth: female Labor began & ceased
Sept. 10th 40

Mr M. Obs. Lewis: 2d birth: male. Labor began at 3 PM & 7 PM.
Sept. 13th 40.

October. 1840

Mrs Rhea: No. 1st birth. Oct. 40. male.

Mrs R Newton: 1st birth: male: Labor began 11 PM. Oct. 30th & ceased 12 PM. 31. 24h.
lingering Labor: infant from the breech Esp.

November 1840.

Mrs Duly. 4th birth male: Nov 1st Labor began 10 AM. & ceased 3 PM. AM.
at midnight of both & child after birth.

Mrs Brown. wife of Rev. A Brown. 5th & 6th children called Albert;
4th birth: male. ~~Labor at 7 PM. aft~~ ~~from~~ Premature pain during the
day. ceased at 5 PM: 14th Nov. 40. & child fine & well pain. aft a child
& birth at 4 AM. aft 7 PM: seemingly removed from vagina at 7 P.

Mrs Lyons Charlotte No. 23y. 1st birth: g.m.: female: gradually pain at 2 AM Nov 16th
Mother very restless birth 11 AM. 8 hours Labor: seemed in pain & &
removed at ¼ after 11 AM

Dec. 1840.

Dr Bates: 4th Birth. Male. Over in 3 hours.

1841.

February.

Mrs Marshall Lloyd: age 25: 1st birth, female, White father. Labor began 6 PM: Feb. 11: & ended 7 AM Feb. 12: 25 hours. with extreme Expulsive pains. afterbirth removed 2 days after a pain.

March.

Mrs J. G. Russell: 7th Birth: male: labor began at 10 AM. 17th & ended 12 M. 18th after. removed without pain.

May.

Mrs Crosby. 1st birth. Still born: male: 24th inst.

May.

Mrs Hulbert: 2 birth: female:

July.

Mrs N Knapp: 1st birth female.

June.

Mrs H LeBar: 5th birth female. 10 AM. June. 17: natural.

July.

Mrs Benj. Bradford. still born. male. 7th month. Aug 8:

Aug.

Mrs Rob. Porter. 1st birth. fem. ch. Labor began at 4 AM. & ended 1 PM

Sept 1841

Mrs Dorm: 1st birth female:

Oct. 41

Mrs Pierce: 2d birth. Male at ½ 8 PM.

Oct. 41

J. Mitchell: 1st birth. fem. c. breech presentation. in under 12 minutes 1 hour.

Nov 41

Mrs. Van Deven: 1st birth: Male — instrumental labor. Forceps

Dec. 41

Mrs G. S. Brown: 1st birth Mal. 8 lb: Labor began at 1 AM. b: 2 h. & 5 m. 1 PM. 2: aft. birth placenta at 1½ PM. without pressure Dr.

Dec. 41

Mrs Thomas Wardle: 1st birth. female. at ~~3 or 4 PM~~ 7 m of 3 AM after labor of 5 hours:

Dec. 41.

Mrs Curtis Clayton: 8th birth. female 10 lb aft: 7 hours. Dec 22d: from 6 to 8 PM — 14 hours labor.

1842.

Jany 2d Mrs Bingham. age 40: chest: 5th birth: 8th conception. Stillborn full time. Forceps Dr. at 5½ PM. after 32 hours of very ineffectual pains constant vomiting, asthmatic cough — debilitated by the prevailing epidemic — She died at 7 PM of debility & hemorrhage. weight of child 14 lb. head very large — had usually been dead before labor began. 3 cases of death of mother, debility, dead child. large size of child & ineffectual pains during labor.

Jany 22 Mrs J. C. capt: 7th birth Male. Willow. Labor began at 1 AM. birth at 27 minutes of 9 AM. decided breech. mother very exhausted. Removed breech from home — after one pain —

Jan. 23. 1842

Mrs Wilson Dundee. 1st birth - 23d 30 hours labor at 1½ PM removed afterbirth after a pain from passage - Male.

March. 4. 1842.

Mrs Hamilton Rheafen 6th birth below Pleura. at ¼ of 3 PM after 3 hours labor accompanied with a pain & by introduction of Mamm. of patient from the vicinity - 2nd Birth. Male. Mid wife Nye.

Mrs Hastings: 5th above Rea. 1st birth female. Labor began 12 m & ended 3 AM. 16 hours: afterbirth removed from passage after a pain.

Mrs A M Stokes. 8: below healthy 5th & 6: Birth. twins. both Male. Labor began. (premature, one month) at 4. PM & ended 6½ & 7 PM. afterbirth at 7. PM.

Mrs M Mullin. McDaffer St: 1st birth. Male. 8½ Mo. Mark 30. Labor began at 4 PM. 29d - 9 hours. Large head: female body. afterbirth removed from passage after a slight pain

May. 1842.

Mrs James Smith. South St: 2 & 3d Schuylkill. 1st Birth. female. Labor 12½ h. began at 7 PM 3d & ended 7½ AM 4: Afterbirth after a slight pain expelled by uterine contract & entry introduction of hand at 8 P.

Mrs Webb. Spruce Tavern, Rea St. 8th birth. Male, a retained birth of 4 hours after 3 days of lingering premonitory pain. afterbirth removed from uterus by uterine contraction & entry introduction of hand.

June. 1842.

Mrs W. McCormick: 6th Bch. female. Still born of 6 mos — after protracted suffering of Uterine Pains — pains relieved in the afternoon of the day. Morphia Sol — Dec 7th 42.

Sept. 9th

Mrs J. Hassinger. 8th B. 15th conception: Mach: 12¼ AM of 10th Labor pain began at 10 PM of 9th. violent cramp of the right leg.

12th

Mrs A Young. 4th B. female Labor began at 8 AM under at 11⅛ AM. 3¼ hours. Placenta removed at 11½ AM.

13th

Mrs W. S. Hepl: 4th B. Mach. Lingering Labor. 17 hours: assisted from Sr Ergot. ℥i. ℥ss every pains.

Oct. 29th.

Mrs Montgomery. Fragrea Co: 2d bch female: 12½ AM. on 28th: after 24 premonitory pain Labor began at 8 PM. lasts 7½ h. aft bch recovering with premature pain: —

Nov. 7th 42

Mrs Wm Bailey: 5th bch: Still born: Mach. at 2 PM. had premonitory bch of 7th: once liked to a jump 2 weeks ago from a bed from which she; not felt motion of child —

Nov. 24: 42.

Mrs J H. Caverlee: 2nd birth. Male. at 25m of 4 AM
Labor began at 12m duration 3h 35m. after pain &
the remaining the placenta:

Dec. 16: 42

Mrs Edwin Lelar. 1st birth. Male. began at. 12m & ended at
9¼ AM: 10¼ hours Labor. natural. 1st birth.

Mrs W M Haverlich: 5 birth.: Male

1843.

January.

2nd Birth. Male. Labor began. 9 AM ended 8 PM. = 11 hours. Secundine
removed at 8¼ PM: 16 min: Mrs Margaret Benson. 2d h. born Spruce.

4th Birth. Male. Labor rather Secundine taken from Vagina.
3 weeks over calculation. very large child. 11½ lb. or. 26 inch.
of Mrs John Davies. Buttonwood St.

February.

5th Birth. Male 9½ lb. 19 hours Labor. at 5¼ PM 24 inch: Secundine
removed from Vagina. Mrs D Baker. 7th h. born N. Bl. h.

9th Birth. Female: afternoon recurrence of pain for some
days the rather at 10 PM. delivered. after a few pain removed
the placenta from the uterine cavity. Mrs J Thornbermuth

6th Birth. Male. 3½ AM labor [illegible]. Secondaries removed from [illegible]. Mrs C. Brown aet 36 yr: [illegible]

1st Birth. Male. Feb. 20th premonitory pains at 8 PM of 19th birth at 8 PM. 20th 24 hours labor secondaries removed from uterus after a pain Mrs T. Poulter Dr. 12th h. [illegible] Willson at Dr. Harrison.

4th Birth. Male, labor [illegible] 3 PM. Feb. 22d '43 Mrs Eastman. Marbleh above. 11th h.

Feb

8th Birth Male labour began at 5 A.M to Mrs J. G. Russell. Feb. 24th 1843

April

1st Birth Male April 14th 1843. 24 hours labour. Secondaries removed 8 a.m. Mrs J. English.

3d Birth female April 23rd 1843. began at 5 AM ended at 2 PM. after 2 P.M. 9½ hours labour. Mrs Southwick

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July

3d Birth female began at 7 AM ended ½ of 12 M labour 4½ hours July 4th 1843. Mrs W. Hurlburt

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1st Birth female Labour 24 hours birth at 5 PM Mrs H Kelly July 4.

3d Birth Male. Began at 8 AM ended at ½ 12 Labour 4½ hours Secondaries removed from uterus at ½ 1 PM July 9 1843 Mrs Hammond –

7th Birth female. Labour began at 12 M. ended at 9 PM
Aug 6th 1843 Mr H Lelan.

1st Birth Male. Labour 6h. began at 4 PM. August 14th 1843
for Lemon. to 29 mon St. -

2nd. Birth Male 6 hours labour. 6¼ am Secondaries removed
from uterus after 3 pa — W Ray Aug 24.

8th Birth Female Commenced at 2½ PM Labour began
at 7 PM. Secondaries removed after pains at 8 PM -
August 27th 43. Mr Wells —

2nd Birth. Female. water broke on 27th Ungry pain until 5 PM of
29: then forceps pain until 7¼ PM birth: Secondaries removed
from uterus 7¾ after 2 pains: Mrs J. Wardle. 10th & Vine
Aug. 29 43

Oct. ~~Sept~~. 1843

1st Birth. Male. Oct. 6th 20 m aft 2 AM Labor from 5 PM. 5th to Oct. 6: 2 AM.
after 2 pains secondaries removed from pelvis by cleaning contraction of
uterus by introduction hand. at ¼ of 3 AM. Sydney T. Mustang Oct. 7th Northwest.

L. G. Darrach page 110

Abortion

Page 1.

Dewees

℞ Magnes Carb ℥ß
Sacch alb ℥j
Tinct. assafet. gtt. LX
Tinct. Opii gtt. xx
Aquæ ℥j

Dalby's

℞ Aquæ ℥j ⅓
Sacch alb. ℥ij
Potass Carb. gr. viij
Magnes. Carb. gr. XLviij
Tinct Opii m xxiv
Ol. Menth pip. gtt. j
" Carvi gtt. j
" Foeniculi gtt. j

8

256

2

680

120 / 96 / 8

Watson. Annals of Phila. page 573.

There were in older times two memorable hot summers so called & referred to in many years afterwards, the years 1727 & 1734. I describe the latter from Mr Gordon of the time, to wit. July 1734. The weather has been so hot for a week past, as has not been known in the memory of man in this country, excepting the hot summer about 7 years since. Many of the harvest people fainted & fell into convulsions in the fields, and 'tis said in some places a multitude of birds were found dead. The name of 5 inhabitants dying of heat are given. Subsequent papers confirm the extreme heat in the country & the death rate.

I ought to have mentioned too, that as early as the year 1699 Isaac Norris Sen. Vide Logan MS.S, speaks thus of the hottest harvest season he had ever before experienced. Several persons died in the fields with the violence of the heat.

1789. page 595. In July. Very hot weather — by 11 o'clock AM. the meat in the market putrefy, and the city Mayor orders them cast into the river, Merchants shut up their stores, Therm at 96° for several days.

The greatest heat Dr Rush has known 95°.

1805. page 596 No rain from the middle of June to end of July heat 90 & 96 deg. pastures burn up & summer vegetables fail.

1811. 31 of July hot weather continues from 94 to 97.

1825 — Severe heat at 2 o'clock, Therm. at 96 in the shade.

1699.